

SUMMARY OFFENCES ACT 1953 SECTION 15

PD313

NOTIFICATION BY PROHIBITED WEAPONS DEALER / MANUFACTURER OF CHANGE IN NAME, ADDRESS OR OTHER DETAILS

SOUTH RANGE

Government of South Australia

Was your previous notification given as a:
Sole Trader, Partnership or Body Corporate ?
Complete your details as previously notified, then the relevant section(s) advising of the change(s).

Licence No.

HEAVY PENALTIE				TEMENTS	8						
DETAILS AS PR	EVIOU	SLY NOTIF	ED								
SOLE TRADER		Trading as	3								
Surname											
First Name					Middle Name	e(s)					
Home Address										POSTC	ODE
Tromo / tadroco											
Full Business Address										POSTO	ODE
Contact Numbers	Hm.		Bus.		V	Nob.		Fax			
Email Address								'			
Occupation					Date of Birth	1 <i>I</i>	1		Sex		
PARTNERSHIP (OR BO	DY CORPO	RATE			ACN / ABN					
Company / Firm Name											
Trading as											
Full Company Address										POSTC	ODE
Business Contact No.	Ph			Mob.			Fax				
Address of Registered Office										POSTO	ODE
	4E 0E	- DEAL		DARTHE	D OD	I DIDEATA	D				
CHANGE IN NAM		DEAL	ER,	PARTNE		DIRECTO	K				
	Previo	us name				New name					
1.											
2.											
If name of person -	Method	d of changing na	me	Dee	d Poll	Marriage		Reputat	tion		
CHANGE IN HOM	ME AD	DRESS OF	DE	ALER,	PARTN	ER OR	DIREC	TOR			
Name											
Old Home Address										POSTO	ODE
0.0.1.007.00.000											
Old Contact No.	Ph			Mob.			Fax				
New Home Address										POSTC	ODE
New Contact No.	Ph			Mob.			Fax				
CHANGE OF CO	MPAN	Y OR BUSI	NESS NAI	ИЕ							
New Business Name								Date of ch	nange ir	name	
Ten Edomoco Hamo								Jake of G		l Hame	
CHANCE IN A DE	DEGG	OF DEGLA	CEDED OF	TEIOE -				, 			
CHANGE IN ADD	JKESS	OF REGIS	ERED OF	FICE						DOCTO	ODE
New address of registered office										POSTO	ODE
. agrotored office											

	OUGHT / RECEIVED				DOCTOC				
Any address at which business is no longer carried on					POSTCODE				
New / additional address which business is carried on					POSTCODE				
New Contact No.	Ph	Mob.		Fax					
CHANGE IN ADI	DRESS FOR SERVICE								
Old address for service of documents				Fax No.	POSTCODE				
New address for service of documents				Fax No.	POSTCODE				
CHANGE OF CC	NTACT PERSON FOR	ENQUIRIES							
New contact person for enquiries	Surname								
Name	First Name		Middle Na	ame(s)					
Address					POSTCODE				
New Contact No.	Ph	Mob.		Fax					
CEASING TO CA	ARRY ON BUSINESS								
Date on which busines									
	OF NEW DIRECTOR								
Details of former	Surname								
director									
	First Name		Middle Na	ame(s)					
		1.	1.5						
	Date of Birth	Sex	Occupation						
	1 1				POSTCODE				
Home Address									
Home Contact No.	Ph	Mob.		Fax					
Details of new	Surname								
director									
	First Name Middle Name(s)								
		1 -	1 -						
	Date of Birth	Sex	Occupation						
	1 1				POSTCODE				
Home Address					. 0010021				
Home Contact No.	Ph	Mob.		Fax					
DECLARATION									
I hereby declare the	at all particulars given by								
	,								
	on are true and correct.	Signature of	Applicant	Date	1 1				

OR POST TO: COMMISSIONER OF POLICE,

FIREARMS BRANCH (130), GPO BOX 1539, ADELAIDE SA 5001

Revised: 5/12/2011 PD313