



SOUTH AUSTRALIA POLICE
SAFER COMMUNITIES

NOTIFICATION TO COMMISSIONER OF POLICE BY OPERATOR / FORMER OPERATOR OF A SECOND-HAND MARKET OF CHANGE IN NAME, ADDRESS OR OTHER DETAILS

- 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).

- Print details in black or blue pen and cross appropriate boxes. If insufficient space, provide attachment.

LEB USE ONLY	
Received by:	
ID	Signature
:	/ /
Time	Date
Data Entry Reference	

Registration No.: (if known) _____

SOLE TRADER (DETAILS AS PREVIOUSLY NOTIFIED)

Family Name: _____ Given Name(s): _____

Date of Birth: ____ / ____ / ____

Trading as: _____

Business Address: _____

PARTNERSHIP (DETAILS AS PREVIOUSLY NOTIFIED)

1. Family Name: _____ Given Name(s): _____
DOB: ____ / ____ / ____

2. Family Name: _____ Given Name(s): _____
DOB: ____ / ____ / ____

Trading as: _____

Business Address: _____

BODY CORPORATE (DETAILS AS PREVIOUSLY NOTIFIED)

Company Name: _____

Trading as: _____

Company Address: _____

CHANGE IN NAME OF OPERATOR, PARTNER OR DIRECTOR

1. Change in name of: Operator Partner Director
Previous Name: _____
New Name: _____
If name of person – method of changing name: Deed Poll Marriage Reputation

2. Change in name of: Operator Partner Director
Previous Name: _____
New Name: _____
If name of person – method of changing name: Deed Poll Marriage Reputation

CHANGE IN RESIDENTIAL ADDRESS OR DETAILS OF MARKET OPERATOR

1. Family Name: _____ Given Name(s): _____

Previous Address: _____

Telephone: _____ Mobile: _____ Email: _____

New Address: _____

Telephone: _____ Mobile: _____ Email: _____

**NOTIFICATION TO COMMISSIONER OF POLICE BY OPERATOR / FORMER OPERATOR OF
A SECOND-HAND MARKET OF CHANGE IN NAME, ADDRESS OR OTHER DETAILS**

CHANGE IN RESIDENTIAL ADDRESS OR DETAILS OF MARKET OPERATOR (continued)

2. Family Name: _____ Given Name(s): _____
Previous Address: _____
Telephone: _____ Mobile: _____ Email: _____
New Address: _____
Telephone: _____ Mobile: _____ Email: _____

CHANGE IN ADDRESS OF REGISTERED CORPORATE OFFICE

Previous address: _____
New address: _____

CHANGE IN NAME IN WHICH MARKET IS OPERATED

Previous name: _____
New name: _____

CHANGE IN / ADDITIONAL ADDRESS AT WHICH MARKET IS OPERATED

Any address at which market is no longer operated: _____
New / additional address: _____

CHANGE IN / ADDITIONAL ADDRESS AT WHICH RECORDS ARE KEPT

Any address at which records are no longer kept: _____
New / additional address: _____

CHANGE IN ADDRESS OR EMAIL ADDRESS FOR SERVICE OF DOCUMENTS

New address: _____
New email address: _____

CHANGE OF CONTACT PERSON FOR ENQUIRIES

New contact person: (Name) _____
Telephone: _____ Mobile: _____ Email: _____

MARKET CEASING TO OPERATE

Location of market: _____
Date on which market ceased to operate: ____ / ____ / ____

NOTICE OF DISSOLUTION OF PARTNERSHIP

Partnership dissolution date: ____ / ____ / ____
Former Partner(s):
1. Family Name: _____ Given Name(s): _____
DOB: ____ / ____ / ____
2. Family Name: _____ Given Name(s): _____
DOB: ____ / ____ / ____

NOTIFICATION TO COMMISSIONER OF POLICE BY OPERATOR / FORMER OPERATOR OF A SECOND-HAND MARKET OF CHANGE IN NAME, ADDRESS OR OTHER DETAILS

NOTICE OF ENTERING INTO PARTNERSHIP / NEW PARTNERSHIP

Commencement date of partnership: ____ / ____ / ____

PARTNER DETAILS:

Details must be provided for each partner – attach additional page(s) if insufficient space

No. of Partners: _____ Additional page(s) attached

1. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____ Gender: M F Occupation: _____
 Residential Address: _____
 Telephone: _____ Mobile: _____ Email: _____

2. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____ Gender: M F Occupation: _____
 Residential Address: _____
 Telephone: _____ Mobile: _____ Email: _____

PREVIOUS / OTHER NAME(S):

Has any partner ever been known by any other name(s)? NO YES, state previous name(s) and any alias(es):

1. Family Name: _____ Given Name(s): _____
 Previous Name(s) / Alias(es): _____
 Other name by: Deed Poll Marriage Reputation Alias

2. Family Name: _____ Given Name(s): _____
 Previous Name(s) / Alias(es): _____
 Other name by: Deed Poll Marriage Reputation Alias

NOTIFICATION OF REMOVAL OF DIRECTOR

Former Director(s):

1. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____

2. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____

NOTIFICATION OF NEW DIRECTOR

DIRECTOR DETAILS:

Details must be provided for each director – attach additional page(s) if insufficient space

No. of Directors: _____ Additional page(s) attached

1. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____ Gender: M F Occupation: _____
 Residential Address: _____
 Telephone: _____ Mobile: _____ Email: _____

2. Family Name: _____ Given Name(s): _____
 DOB: ____ / ____ / ____ Gender: M F Occupation: _____
 Residential Address: _____
 Telephone: _____ Mobile: _____ Email: _____

PREVIOUS / OTHER NAME(S):

Has any director ever been known by any other name(s)? NO YES, state previous name(s) and any alias(es):

1. Family Name: _____ Given Name(s): _____
 Previous Name(s) / Alias(es): _____
 Other name by: Deed Poll Marriage Reputation Alias

**NOTIFICATION TO COMMISSIONER OF POLICE BY OPERATOR / FORMER OPERATOR OF
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NOTIFICATION OF NEW DIRECTOR (continued)

PREVIOUS / OTHER NAME(S): (continued)

2. Family Name: _____ Given Name(s): _____
Previous Name(s) / Alias(es): _____
Other name by: Deed Poll Marriage Reputation Alias

STATUTORY DECLARATION

SOUTH AUSTRALIA

I, _____
(Full Name)

of _____
(Address)

do solemnly and sincerely declare that to the best of my knowledge, all the information provided in this Notice (including any attachments) is complete and accurate. And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1936*.

Declared at _____ in the State of South Australia

on this _____ day of _____ year _____

(Signature) Before me – _____
(Authorised witness in and for the State of South Australia)

INTERSTATE

PLEASE NOTE: If this form is declared outside of South Australia an additional Statutory Declaration in the format required by that state or territory MUST be completed and signed before an authorised witness. Attach this declaration to the completed notification.

IMPORTANT

Penalties may be incurred for making a false declaration pursuant to Section 27 of the Oaths Act 1936 and Section 20 of the Second-hand Dealers and Pawnbrokers Act 1996.

**POST TO: SECOND-HAND DEALERS SECTION
LICENSING ENFORCEMENT BRANCH
SA POLICE
GPO BOX 1539, ADELAIDE SA 5001**

**EMAIL TO: LICENSING ENFORCEMENT BRANCH
sapol.leb@police.sa.gov.au**