



SOUTH AUSTRALIA POLICE
SAFER COMMUNITIES

NOTIFICATION TO COMMISSIONER OF POLICE BY A SECOND-HAND DEALER 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 DEALER, PARTNER OR DIRECTOR

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

2. Change in name of: Dealer 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 DEALER

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

NOTIFICATION TO COMMISSIONER OF POLICE BY SECOND-HAND
DEALER OF CHANGE IN NAME, ADDRESS OR OTHER DETAILS

CHANGE IN RESIDENTIAL ADDRESS OR DETAILS OF DEALER (continued)

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

CHANGE IN TRADING NAME

New Trading Name: _____
Date of change in name: ____ / ____ / ____

CHANGE IN ADDRESS OF REGISTERED CORPORATE OFFICE

Previous address: _____
New address: _____

CHANGE IN / ADDITIONAL ADDRESS AT WHICH BUSINESS IS CARRIED ON

Any address at which business is no longer carried on: _____
New / additional address: _____
Telephone: _____ Mobile: _____ Email: _____

CHANGE IN / ADDITIONAL ADDRESS AT WHICH RECORDS ARE KEPT

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

CHANGE IN / ADDITIONAL ADDRESS AT WHICH GOODS BOUGHT OR RECEIVED ARE KEPT

Any address at which goods bought or received in the course of, or for the purposes of, the business 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: _____

CEASING TO CARRY ON BUSINESS

Date on which business ceased to operate: ____ / ____ / ____
Reason ceased trading: _____

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 SECOND-HAND
DEALER 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 SECOND-HAND DEALER OF CHANGE IN NAME, ADDRESS OR OTHER DETAILS

THIS SECTION MUST BE COMPLETED

NOTIFICATION OF CHANGE IN BODY CORPORATE CLOSE ASSOCIATES – NOT A NATURAL PERSON

Company Name: _____
Trading as: _____
Company Address: _____
Telephone No.: _____ Mobile No.: _____ Email: _____
Address of Registered Corporate Office: _____
Company Name: _____
Trading as: _____
Company Address: _____
Telephone No.: _____ Mobile No.: _____ Email: _____
Address of Registered Corporate Office: _____
Company Name: _____
Trading as: _____
Company Address: _____
Telephone No.: _____ Mobile No.: _____ Email: _____
Address of Registered Corporate Office: _____
Company Name: _____
Trading as: _____
Company Address: _____
Telephone No.: _____ Mobile No.: _____ Email: _____
Address of Registered Corporate Office: _____

NOTIFICATION OF CHANGE IN CLOSE ASSOCIATES – PARTNERSHIP NATURAL PERSON

Provide full details for all persons listed on this page. If you have a relative as listed below you must complete the details to the best of your knowledge and if the person is deceased write 'Deceased' in the address column. Record the current address or last known address. If information is unknown you must provide a reason, eg. 'No Contact'.

Parents / Step-parents		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		
Brothers & Sisters / Step-brothers & Step-sisters		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		
Surname: _____	Given Name(s): _____	DOB: ____ / ____ / ____
Residential address: _____		

**NOTIFICATION TO COMMISSIONER OF POLICE BY SECOND-HAND
DEALER OF CHANGE IN NAME, ADDRESS OR OTHER DETAILS**

Spouse / Domestic Partner		
Surname: _____	Given Name(s): _____	
Residential address: _____		DOB: ____ / ____ / ____
Children / Step-children of spouse or domestic partner		
Surname: _____	Given Name(s): _____	
Residential address: _____		DOB: ____ / ____ / ____
Surname: _____	Given Name(s): _____	
Residential address: _____		DOB: ____ / ____ / ____
Surname: _____	Given Name(s): _____	
Residential address: _____		DOB: ____ / ____ / ____
Is any other person in a position to exercise control or significant influence over the conduct of business proceedings? (If YES please provide details)		
Surname: _____	Given Name(s): _____	
Residential address: _____		DOB: ____ / ____ / ____
Surname: _____	Given Name(s): _____	
Residential address: _____		DOB: ____ / ____ / ____
Surname: _____	Given Name(s): _____	
Residential address: _____		DOB: ____ / ____ / ____
Will any person, not being a shareholder, receive income or profit from the business? (if YES please provide details)		
Surname: _____	Given Name(s): _____	
Residential address: _____		DOB: ____ / ____ / ____
Surname: _____	Given Name(s): _____	
Residential address: _____		DOB: ____ / ____ / ____
Surname: _____	Given Name(s): _____	
Residential address: _____		DOB: ____ / ____ / ____
Do any other adults, not listed above, currently reside with you? <input type="checkbox"/> No <input type="checkbox"/> Yes (if YES provide details below including relationship to you)		
Surname: _____	Given Name(s): _____	
Relationship: _____		DOB: ____ / ____ / ____
Surname: _____	Given Name(s): _____	
Relationship: _____		DOB: ____ / ____ / ____
Surname: _____	Given Name(s): _____	
Relationship: _____		DOB: ____ / ____ / ____

**NOTIFICATION TO COMMISSIONER OF POLICE BY SECOND-HAND
DEALER OF CHANGE IN NAME, ADDRESS OR OTHER DETAILS**

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 police 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**