



# NOTIFICATION TO COMMISSIONER OF POLICE BY 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 **T** 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: \_\_\_\_\_



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**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: ..... / ..... / .....

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**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

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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

**NOTIFICATION OF UPDATED EMPLOYEE DETAILS**

Employee Name: _____	DOB: ____ / ____ / ____
Residential address: _____	Position: _____
Employee Name: _____	DOB: ____ / ____ / ____
Residential address: _____	Position: _____
Employee Name: _____	DOB: ____ / ____ / ____
Residential address: _____	Position: _____
Employee Name: _____	DOB: ____ / ____ / ____
Residential address: _____	Position: _____
Employee Name: _____	DOB: ____ / ____ / ____
Residential address: _____	Position: _____
Employee Name: _____	DOB: ____ / ____ / ____
Residential address: _____	Position: _____

**NOTIFICATION OF OCCURRENCE OR EVENT RESULTING IN DISQUALIFICATION**  
**(Section 7(4) of the Act & Regulation 8(2)(e))**

Section 6 of the Act sets out the grounds on which a person is disqualified from carrying on business as a second-hand dealer. Provide details of the relevant events:

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**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'.

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

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<b>Spouse / Domestic Partner</b>		
Surname: .....	Given Name(s): .....	
Residential address: .....		DOB: / /
<b>Children / Step-children of spouse or domestic partner</b>		
Surname: .....	Given Name(s): .....	
Residential address: .....		DOB: / /
Surname: .....	Given Name(s): .....	
Residential address: .....		DOB: / /
Surname: .....	Given Name(s): .....	
Residential address: .....		DOB: / /
<b>Is any other person in a position to exercise control or significant influence over the conduct of business proceedings? (If YES please provide details)</b>		
Surname: .....	Given Name(s): .....	
Residential address: .....		DOB: / /
Surname: .....	Given Name(s): .....	
Residential address: .....		DOB: / /
Surname: .....	Given Name(s): .....	
Residential address: .....		DOB: / /
<b>Will any person, not being a shareholder, receive income or profit from the business? (if YES please provide details)</b>		
Surname: .....	Given Name(s): .....	
Residential address: .....		DOB: / /
Surname: .....	Given Name(s): .....	
Residential address: .....		DOB: / /
Surname: .....	Given Name(s): .....	
Residential address: .....		DOB: / /
<b>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)</b>		
Surname: .....	Given Name(s): .....	
Relationship: .....		DOB: / /
Surname: .....	Given Name(s): .....	
Relationship: .....		DOB: / /
Surname: .....	Given Name(s): .....	
Relationship: .....		DOB: / /

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**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**