

Please read this information before completing the form

### Changing Proprietors

Each proprietor (new, ceasing or continuing) must sign this document where applicable.

If a new proprietor is an individual show full name, date and place of birth (specify City, Town etc.), residential address and address for service of notices.

If a new proprietor is a Corporation, show its full name, ACN, Registered Office address and address for service of notices. A Director, Secretary or authorised officer of the Corporation must also sign the application.

**Failure to supply this information will result in the form being returned for completion.**

Changes to any other details cannot be notified by using this form. To change any other details of the business name, an Application to Change Particulars of a Business Name (Form 4) must be completed.

### Eligibility to be a Proprietor of a Business Name

- All applicants must be 16 years of age or older.
- Section 7 of the *Business Names Act 2002* requires that a business name is not to be registered in the name of a person who is not carrying on business or does not intend to carry on business in the immediate future in NSW.
- Section 8 of the *Business Names Act 2002* requires the leave of the District Court to be obtained in circumstances where an applicant has been convicted of an offence in the last 5 years in connection with the promotion, formation or management of a corporation, or an offence involving fraud or dishonesty punishable with imprisonment of three months or more, or an offence involving Corporations Law, Companies Code, Securities Industry Code etc.

### Power of Attorney

If the form is signed by a person holding a power of attorney for a proprietor of the business name, the document will be accepted, provided the original Power of Attorney is sighted or details of the appropriate registration of the Power of Attorney are provided (i.e. Book No. and date of execution).

### Preferred Address for Service of Notices

The *Business Names Act 2002* requires each proprietor of the business to give their address for service of notices by Fair Trading.

Where a business name is registered to more than one person, Fair Trading is only required to send mail to one of those persons.

Where the ceased proprietor was the person receiving mail on behalf of the business you will need to nominate another proprietor.

### What if Fair Trading refuses my application

If you are dissatisfied with the decision made on your application, in the first instance, you may apply in writing to Fair Trading to have the decision reviewed.

If you are dissatisfied with the outcome of the review you may then lodge an appeal against the decision with the Administrative Decisions Tribunal.

### Certificate of Registration

Upon processing the completed document, Fair Trading will issue an updated Certificate of Registration.

### Contacting the Office of Fair Trading

**Telephone:** For all enquiries regarding business names please telephone 13 32 20

**In person:** You can enquire about business names at any Fair Trading Centre.

For the address of your nearest Fair Trading Centre please telephone 13 32 20.

**By Mail:** Mail should be addressed to Office of Fair Trading, PO Box 972, Parramatta NSW 2124.

**Website:** You can visit the Fair Trading website on [www.fairtrading.nsw.gov.au](http://www.fairtrading.nsw.gov.au)

### Language Assistance

**Telephone:** 13 14 50  
Ask for an interpreter in your language.

**TTY:** (02) 1300 723 404  
Telephone service for the hearing impaired.



Application to Change Proprietors of a Business Name

Form 6

ABN 81 913 830 179

The form should be completed in black ink and BLOCK LETTERS.

No Fee Payable

1. Contact details of the person lodging this application

Name:

Address:

Postcode:

Daytime Phone Number:

2. Registration details

Business Name:

Registration Number:

ABN:

3. Details of NEW Proprietor

If more than 1 new proprietor, please copy this page and complete.

Full name of Individual or Corporation (include ACN)

Name:

ACN:

Residential address of Individual or Registered Office of Corporation

(Post office boxes are NOT acceptable)

Address:

Postcode:

Place of Birth

(Town and State or Country if overseas)

Date of Birth

/ /

Address for Service of Notices

(Post office boxes are acceptable)

Address:

Postcode:

I certify that the information provided on this application is correct. I have read and understand the Statement under the Privacy and Personal Information Protection Act 1998 below. I have not been convicted of an offence prescribed under Section 8 of the Business Names Act 2002.

Signature of NEW proprietor

Full Name of Person if signing on behalf of a Corporation

Date

Position Held if signing on behalf of a Corporation Please tick one box only

Director

Secretary

Authorised Officer

Office Use Only

Lodged at:

Processed by:

Date.:



FORM BN4

4. The following proprietor has  
**CEASED** to carry on business  
under the Business Name:

*If more than 1 proprietor ceasing, please copy this page and complete.*

Full name of Individual or  
Corporation (include ACN)

Name:

ACN:

Full Name of Person if signing on behalf of a Corporation

Signature of CEASING proprietor

Position Held if signing on behalf of a Corporation Please tick one box only

Director  Secretary  Authorised Officer

Date

5. Nominated Proprietor for Service of  
Notices for the business

Name:

6. Signatures of CONTINUING Proprietor(s) *If more than 4 continuing proprietors, please copy this page and complete.*

1

Full Name of Person or Corporation

Full Name of Person if signing on behalf of a Corporation

Signature

Date

Position Held if signing on behalf of a Corporation Please tick one box only

Director  Secretary  Authorised Officer

2

Full Name of Person or Corporation

Full Name of Person if signing on behalf of a Corporation

Signature

Date

Position Held if signing on behalf of a Corporation Please tick one box only

Director  Secretary  Authorised Officer

3

Full Name of Person or Corporation

Full Name of Person if signing on behalf of a Corporation

Signature

Date

Position Held if signing on behalf of a Corporation Please tick one box only

Director  Secretary  Authorised Officer

4

Full Name of Person or Corporation

Full Name of Person if signing on behalf of a Corporation

Signature

Date

Position Held if signing on behalf of a Corporation Please tick one box only

Director  Secretary  Authorised Officer

**Statement under the Privacy and Personal Information Protection Act 1998:**

The applicant for this registration:

- authorises the Office of Fair Trading to make any enquiries and to receive and disclose any information which is relevant to the applicant's initial and ongoing eligibility to hold this registration;
- acknowledges that information will be placed on a register open to the public;
- has a right to seek access to and correction of information supplied.