



Change of Directors

Notification to the Commissioner for Consumer Affairs

Licence Details

- Security Agent
- Investigation Agent
- Security & Investigation Agent

Important information

For Security Agent or both Security & Investigation Agent:

Each new director* must complete a Personal Declaration Information form (see attached).

All directors will also need to be fingerprinted by South Australia Police (fingerprinting arrangements will be made after lodgement of this notification).

For Investigation Agent only:

Please supply an **original** or **certified copy** of a National Police Certificate, which is no more than 3 months old from the date of lodging this notice, for each new director*.

* The definition of a **director** under the *Security & Investigation Agents Act 1995* is broader than that of the Corporations Law, as it includes **'a person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business of the body corporate or who has the capacity to affect significantly the body corporate's financial standing.'**

Applicant's details

Name of company:

Client ID number:

Licence No:

New directors of company

Director 1 Surname

Given names

Date of birth

Service address

Postcode

Residential address

Postcode

Continued overleaf ...

Director 2 Surname
 Given names
 Date of birth
 Service address
 Postcode

Residential address
 Postcode

Director 3 Surname
 Given names
 Date of birth
 Service address
 Postcode

Residential address
 Postcode

If any of the abovementioned directors are replacing current directors, please complete the section below.

Directors to be replaced

Surname
 Given names

Surname
 Given names

Surname
 Given names

Entitlement to be licensed / registered

Each director must complete this section. D1, D2... refers to Director 1, Director 2...

for yes; for no

Have any of the new director(s) of the company:

D1 **D2** **D3**

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Been convicted of a criminal offence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Been suspended or disqualified from practising or carrying on an occupation, trade or business under a law of this State, the Commonwealth, another State or a Territory of the Commonwealth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have any of the directors, during the last five years preceding this notice, been a director of a company wound up for the benefit of creditors – | | | |
| a. when the company was being wound up, or | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. within the period of six months preceding the commencement of the winding up? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If any new director(s) answered yes to one or more of the questions, please attach details to this notice.

Application declaration

This section must be completed by one of the directors.

I / We, the applicant(s) described in this application, do solemnly and sincerely declare that the contents of this change of directors form and attachments are true and correct, and I / we understand that providing false or misleading information is an offence under the legislation under which this company's licence is authorised.

I / we also authorise the Commissioner for Consumer Affairs to make any inquiries necessary for the purpose of determining this application.

Signature of director

Date

Confidentiality

There are Secrecy Provisions under the Fair Trading Act 1987 that prohibit the release of information supplied by you (or your partner) to any unauthorised person or organisation except under special circumstances such as a Court subpoena or where another Agency has the legislative authority to inspect our files and records.

Continued overleaf ...

Where to lodge this form

In person

Business and Occupational Services
Office of Consumer and Business Affairs
Level 3 Chesser House
91-97 Grenfell Street
ADELAIDE SA 5000

Service SA customer service centres in:

- Berri
- Gawler
- Kadina
- Mount Gambier
- Naracoorte
- Port Augusta
- Port Pirie
- Port Lincoln
- Whyalla

Post

Business and Occupational Services
Office of Consumer and Business Affairs
GPO Box 1719
ADELAIDE SA 5001

Telephone

Commercial Licensing: (08) 8204 9686
SA country callers 131 882
Translating and Interpreting Service (TIS)
Telephone 131 450

The Act and Regulations can be obtained from

Service SA, Customer Service Center
108 North Terrace
Adelaide SA 5000
Telephone 13 23 24
or download from www.legislation.sa.gov.au

Visit us on the web

www.ocba.sa.gov.au

STRICTLY CONFIDENTIAL**OFFICE OF CONSUMER AND BUSINESS AFFAIRS**

91 - 97 Grenfell Street, Level 3, Chesser House, Adelaide, South Australia 5000

Postal Address: GPO Box 1719, Adelaide, South Australia, 5001

Telephone: (08) 8204 9686

Fax: (08) 8204 9697

Client ID _____

1. Personal Information Declaration for Security Agent Licensing

Surname _____

Other names _____

Service address
(current) _____

Postcode _____

Residential address
(current) _____

Postcode _____

Home telephone _____

Work telephone _____

Mobile _____

Facsimile _____

Date of birth _____

Sex Male / Female

Any **other names** (including birth, maiden, married, changed legally or alias names) by which you have been known

Town of birth _____

Country of birth _____

If you were **born in Australia**, please go to **question 2**.If you were **not born in Australia**, please complete the following:Are you an Australian citizen? **YES / NO** (please circle one)If **YES** provide certificate number or
Australian passport number:

(If you do not know your citizenship number, please write N/K)

If you are **not** an Australian citizen, provide the following:

Passport/identity number _____

Country of issue _____

**The information below is required by the
COMMISSIONER OF POLICE**

2. Family

(Please respond to all sections on this page. If there are any queries please contact Commercial Licensing on 8204 9686 or email comm.bos@agd.sa.gov.au)

NOTE: If address or date of birth details are **not known (N/K)** please give reasons on p.12. If there is insufficient room provided within the questions please use p.12 to complete the question.

**Please provide your PARENTS / STEP-PARENTS information below
(If parent/s are deceased, please provide name only)**

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

Do you have any BROTHERS or SISTERS / STEP-BROTHERS or SISTERS / HALF-BROTHERS or SISTERS?

(If any are deceased, please provide name only)

YES / NO (please circle one)

If **YES**, please provide their information below

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

Do you have a SPOUSE / PARTNER (whether or not they currently reside with you)?

YES / NO (please circle one)

If **YES**, please provide their information below

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___

Please supply your SPOUSE / PARTNER'S PARENTS / STEP-PARENTS details

(If any are deceased, please provide name only)

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

Does your SPOUSE / PARTNER have any BROTHERS or SISTERS / STEP-BROTHERS or SISTERS / HALF-BROTHERS or SISTERS? (If any are deceased, please provide name only)

YES / NO (please circle one)

If **YES**, please provide their information below

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

Do you have any CHILDREN (18 years or older only)?

(If any are deceased, please provide name only)

YES / NO (please circle one)

If **YES**, please provide their information below

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>FULL RESIDENTIAL ADDRESS</i>	<i>D.O.B</i>
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

Are there any OTHER PERSONS (not listed above) residing with you?

(excluding persons under the age of 18 years)

YES / NO (please circle one)

If **YES**, please provide their information below

<i>FAMILY NAME</i>	<i>GIVEN NAMES</i>	<i>D.O.B</i>
_____	_____	___ / ___ / ___
_____	_____	___ / ___ / ___
_____	_____	___ / ___ / ___

3. Address History

Have you lived at any address, other than your current address, in the last 10 years?

YES / NO (please circle one)

If **YES**, excluding your present address and working backwards, complete the following details for each address you have resided at in the last ten years (including interstate and overseas).

DATE		ADDRESS
e.g. Feb.	/ 2002	to Dec. / 2005 123 BROWN STREET ADELAIDE 5000
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____
_____ / _____	to _____ / _____	_____

Have you, in the last **10 years**, resided **outside Australia** where the period of time spent in any one country was **12 months or more** and you were over **17 years** of age at the time?

YES / NO (please circle one)

If **YES**, you **must** provide with this declaration an **original or certified** copy of your police certificate (**Statement of Offence History**) from the Local Law Enforcement Agency of each country in which you have resided.

(Must include **translated copy** if certificate is not in English)

FAILURE TO DECLARE IS AN OFFENCE

It is your responsibility to ensure accuracy. If you are in any doubt whatsoever contact
the SAPOL LICENSING AND ENFORCEMENT BRANCH
on (08) 8204 2142

5. Offence History

You **must** answer each question either **YES** or **NO** (circle the correct answer)

- a) Have you ever been arrested, charged, or reported for **any offence** (including offences committed before the age of 18 years) either in AUSTRALIA or OVERSEAS? (including traffic offence)
(**Note:** Expiation notices not included here - refer to next question)

YES / NO (please circle one)

If **YES**, please list details

DATE	STATE/TERRITORY/COUNTRY	OFFENCE	OUTCOME

- b) Have you **ever** been issued with **any type of expiation notice** in AUSTRALIA?
(e.g. for minor traffic notices, drug, shop lifting, tobacco, liquor, environment)

YES / NO (please circle one)

If **YES**, please list details

DATE	STATE/TERRITORY	OFFENCE THAT NOTICE WAS ISSUED FOR

- c) Have you been charged or reported for any offences, which have not yet been before court, or are currently before the court?

YES / NO (please circle one)

If **YES**, please list details

DATE	STATE/TERRITORY	OFFENCE

6. Authority

I,	<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div>
	<i>(Full Name of Applicant)</i>
of	<div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div>
	<i>(Current Address)</i>

hereby consent to the release of full details of any person and any other relevant information that any Australian State/Federal/Territories Police or Law Enforcement Agency may have in its possession with reference to me. This includes any convictions imposed on me that are spent or rehabilitated (however described) under State/Territory/Federal Legislation. I acknowledge without this consent being provided, spent or rehabilitated convictions within certain States may not be disclosed.

South Australia Police (SAPOL) will release all findings of guilt, all proven court outcomes, including offences for which a 'without conviction' was recorded, and expiation notices. The information is released in accordance with SA legislation.

Offences from other States/Territories will be released in accordance with their specific spent conviction and rehabilitation legislation policies.

I authorise the Commissioner for Consumer Affairs to make any enquiries that may be relevant for Security Licensing.

PENALTY FOR SUPPLYING ANY FALSE OR MISLEADING INFORMATION

Section 37 - SECURITY AND INVESTIGATION AGENTS ACT 1995

A person must not make a statement that is false or misleading in a material particular (whether by reason of the inclusion or omission of any particular) in any information provided, or record kept, under this Act.

Maximum penalty - \$10,000.

NOTE: I understand that it is an offence to make false or deliberately misleading statement or omission in support of an application.

Signature _____
(Applicant's Signature)

Date / /