

Change of Particulars of Business Name

Please include the prescribed fee*.

Electronic lodgement must be accompanied by credit card details. Any cheque or money order should be made payable to the “Receiver of Territory Monies” or “RTM”.

| DOCUMENT LODGED BY (also complete the declaration at the end of this form) | | OFFICE USE ONLY |
|--|----------------|---------------------|
| Surname: | Given name(s): | Date: / /20 |
| Postal Address: | Postcode: | Lun: |
| Phone: | Email: | |

| | |
|---|-----------------------------------|
| BUSINESS NAME: (Insert full business name as registered) | Registration No. (not ABN) |
|---|-----------------------------------|

WHAT DETAIL(S) OF THE BUSINESS NAME ARE CHANGING?

I declare that all statements contained in this Change of Particulars are true and correct in every detail and that all proprietors (individual natural persons or corporate representatives – director, company secretary or public officer) agree to any changes made in respect of this business name.

| |
|---|
| <input type="checkbox"/> Postal address. Ensure that if not a post office box that any location address is an Australia Post delivery area. |
| <input type="checkbox"/> Principal place of business. Note: A Post Office Box is not acceptable. Include portion, lot or street no. and name must be stated (including if the principal place of business is your home address). |
| <input type="checkbox"/> Other places of business. Include portion, lot or street no. and name. |
| <input type="checkbox"/> Nature of business. Insert concise description of nature of business. |
| <input type="checkbox"/> Name change of proprietor. (Note: only applicable for individual natural person and not where a business is changing proprietorship). Supporting evidence of name change to be provided. |
| <input type="checkbox"/> Proprietors residential address. A post office box is not acceptable. |

Territory Business Centres

Darwin
Development House
76 The Esplanade
Darwin NT 0800
Ph: 08 8982 1700

Katherine
1 Randazzo Building
18 Katherine Terrace
Katherine NT 0850
Ph: 08 8973 8180

Tennant Creek
Shop 2, Barkly House
Cnr Paterson & Davidson Sts
Tennant Creek NT 0860
Ph: 08 8962 4411

Alice Springs
Peter Sitzler Building
67 North Stuart Highway
Alice Springs NT 0870
Ph: 08 8951 8524

Territory Business Centres
Postal Address
GPO Box 9800
Darwin NT 0801
territory.businesscentre@nt.gov.au

| | |
|------------------------------|--|
| PROPRIETOR(S) CEASING | DATE OF CESSATION (insert date) |
|------------------------------|--|

Proprietor Details (if individual natural persons)

| | | |
|-------------------|-------------------------------------|----------------------------|
| Surname: | Given name(s): (no initials) | |
| Signature: | Date: | ABN (if applicable) |

| | | |
|-------------------|-------------------------------------|-----------------------------|
| Surname: | Given name(s): (no initials) | |
| Signature: | Date: | ABN: (if applicable) |

OR

Proprietor Details (if a corporation, including incorporated association, other body corporate, co-op etc)

| | | |
|--|-------------------|--------------|
| Name: | | |
| ARBN/ACN | | |
| Name: (director/company secretary/public officer) | Signature: | Date: |

| |
|---------------------------------|
| PROPRIETOR(S) CONTINUING |
|---------------------------------|

Proprietor Details (if individual natural persons)

| | | |
|-------------------|-------------------------------------|-----------------------------|
| Surname: | Given name(s): (no initials) | |
| Signature: | Date: | ABN: (if applicable) |

| | | |
|-------------------|-------------------------------------|-----------------------------|
| Surname: | Given name(s): (no initials) | |
| Signature: | Date: | ABN: (if applicable) |

OR

Proprietor Details (if a corporation, including incorporated association, other body corporate, co-op etc)

| | | |
|---|-------------------|--------------|
| Name: | | |
| ARBN/ACN: | | |
| Name: (director/company secretary/public officer): | Signature: | Date: |

| | |
|---------------------------------|---|
| PROPRIETOR(S) COMMENCING | DATE OF COMMENCEMENT (insert date) |
|---------------------------------|---|

Proprietor Details (if individual natural persons)

| | | | |
|------------------------------|--|------------------|-----------------------------|
| Surname: | Given name(s): (no initials) | | |
| Residential Address: | | Postcode: | |
| Date of birth: / / | Place of birth: (Town, State & Country) | | |
| Signature: | | Date: | ABN: (if applicable) |

| | | | |
|------------------------------|--|------------------|-----------------------------|
| Surname: | Given name(s): (no initials) | | |
| Residential Address: | | Postcode: | |
| Date of birth: / / | Place of birth: (Town, State & Country) | | |
| Signature: | | Date: | ABN: (if applicable) |

OR

Proprietor Details (if a corporation, including incorporated association, other body corporate, co-op etc)

| | | |
|--|-------------------|--------------|
| Name: | | |
| ARBN/ACN | | |
| Name: (director/company secretary/public officer) | Signature: | Date: |

DECLARATION BY LODGING PARTY

| |
|---|
| I hereby declare that all the above information is true and correct in every detail. |
| Signature: |
| Name: |
| Date: |

If insufficient space for all detail add additional page(s) providing information in format as shown

**Please refer to the relevant schedule of fees.*

Please note that there may be a liability to pay Northern Territory stamp duty upon a change in the proprietors of a business. For further information consult the brochure titled "Stamp Duty – Acquisition of Business Property & Rights" or call the Commissioner of Taxes Office on 1300 305 353 or visit www.nt.gov.au/nt/revenue.

PRIVACY STATEMENT

Department of Justice complies with the Information Privacy Principles scheduled in the [Information Act](#).