



Application to AMEND, VARY or REPLACE AN EXISTING MASTER LICENCE held by a CORPORATION

under the Security Industry Act 1997

	OF	FICI	E US	E O	NLY	′			
Application No:	-								
Trim No:									

This form must be completed by the Nominated Person. You can apply more quickly and easily online via police.nsw.gov.au/sled.

If it is an application to change the Nominated Person, it must be completed by the new Nominated Person and accompanied by a letter from the Secretary of the corporation verifying the change, and a Close Associate Nomination Form (Form P644) completed by the new Nominated Person.

Documentation accompanying your application that displays your name must show your name written and spelt in exactly the same way (unless you provide acceptable documentary evidence of a change of name).

Please use a BLACK or BLUE PEN. Print clearly within the boxes in CAPITAL LETTERS.

hit li d-t-ilf-th	
	currently held by the Security Licensing & Enforcement Directorate (SLED). EXPIRY DATE (dd/mm/yyyy)
	an Company Number (ACN), if applicable. ACN
	appears on the licence certificate, if applicable.
he daytime contact details for this application.	
ON FOR APPLICATION	
he reason for this application? Please tick one o	r more of the following:
_	Refer to Schedule of Fees Go to Section 3
of Corporation Name	\$65.00* Go to Section 4.1
of Business Address and/or Contact Details	No fee* Go to Section 4.2
Add and/or Delete Business Name	\$65.00* Go to Section 4.3
of Nominated Person	\$65.00* Go to Section 4.4
of Name of Current Close Associate	\$65.00* Go to Section 4.5
e Associate(s)	\$65.00* Go to Section 4.6
urrent Close Associate(s)	\$65.00* Go to Section 4.7
nent Licence Certificate (no changes)	\$65.00* Go to Section 5
combination of these amendments, the fee is \$6	55.00.
CE UPGRADE	
ty activities. The fee for the licence upgrade is the ce class. You cannot alter the term of the licency you may apply for a Temporary Excess Provision CENCE CLASS REQUIRED appropriate box for the licence class you require Provide no more than 14 persons	
Provide 50 or more persons	
	the full name of the corporation and its Australia ATION NAME the corporation's registered Business Name as it as RED BUSINESS/TRADING NAME the daytime contact details for this application. E CONTACT NUMBER EMAIL ON FOR APPLICATION the reason for this application? Please tick one or Dygrade of Corporation Name of Business Address and/or Contact Details Add and/or Delete Business Name of Nominated Person of Name of Current Close Associate se Associate(s) urrent Close Associate(s) ment Licence Certificate (no changes) combination of these amendments, the fee is \$60 CE UPGRADE e this section only if you require an increase in the fity activities. The fee for the licence upgrade is the section only if you require an increase in the fity activities. The fee for the licence upgrade is the section only if you require an increase in the fity activities. The fee for the licence upgrade is the section of the section only if you require an increase in the fity activities. The fee for the licence upgrade is the section of the section of the section only if you require an increase in the fity activities. The fee for the licence upgrade is the section of t

CH	IANGE OF LICENCE PARTICULARS		
	ange of Corporation Name vide the name by which the corporation is NOW known.		
COF	RPORATION NAME		
	ange of Business Address and/or Contact Details vide only those details that you want to change.		
	NCIPAL BUSINESS ADDRESS		
SUB	BURB/TOWN	STATE	POSTCODE
	ILING ADDRESS SAME AS PRINCIPAL BUSINESS ADDRESS WRITE 'AS ABOVE')		
SUB	BURB/TOWN	STATE	POSTCODE
TEL	EPHONE NO (BUSINESS HOURS) MOBILE OR OTHER	EMAIL ADDRESS	
Cha	ange, Add and/or Delete Business/Trading Name		
	vide the registered Business Name now required on the Master licence. The	Business Name must be cur	rrently registered with ASIC.
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4.5	Change of Name of Current Close Associate
	Provide the full last name and any given name(s) by which the current Close Associate is NOW known and provide an original certified copy of acceptable evidence of the name change.
	LAST NAME GIVEN NAME(S)
	DATE OF BIRTH POSITION (DIRECTOR, MANAGER, ETC)
4.6	Add Close Associate(s)
	Do you want to add a Close Associate(s)?
	YES Complete and attach a "Close Associate Nomination Form" (Form P644) for EACH new Close Associate to be included on the Master licence.
4.7	Delete Current Close Associate(s)
	Do you want to delete a current Close Associate(s)?
	You must inform ASIC of the change (if applicable) and provide the details of the current Close Associate you are deleting from the Master licence. If there is more than one Close Associate to be deleted, attach a separate sheet showing details.
	LAST NAME GIVEN NAME(S)
	DATE OF BIRTH POSITION (DIRECTOR, MANAGER, ETC)
	Has ASIC been notified of the change (if applicable)?
	NO Do not submit this application.
	YES
7.	REPLACE LOST, STOLEN OR DAMAGED LICENCE
5	REPLACE LOSI, STOLEN OR DAWAGED LICENCE
5.1	Complete this section ONLY if the licence certificate has been lost, stolen, destroyed, defaced, mutilated or become illegible and you require a replacement with NO changes to the details that appear on the licence.
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P1120 DECLARATION AND CONSENT You must complete and sign the Declaration and Consent. There are severe penalties for providing information that is false and/or misleading. I, (Print full name) • am the Nominated Person for the corporation; • certify that the information contained in this application is true and correct in every detail; understand that giving false or misleading information is a serious offence; consent to the disclosure by the relevant authority of information needed to verify any details I have given in this application; consent to and do request Australian police agencies to release, to the NSW Police Force, information held by them regarding any convictions, findings of guilt (either with or without conviction) and any matters still outstanding against me and any other matters deemed relevant that are recorded against me, whether in my current name or a previous name; authorise disclosure to the NSW Police Force by New Zealand Police of ANY information that may be held by NZ Police, including any interaction I have had with NZ Police in any context or any information received by NZ Police. I understand that this is not limited to conviction information. Where that information relates to any record of criminal convictions I might have, I understand that it will automatically be concealed if I meet eligibility criteria stipulated in section 7 of the NZ Criminal Records (Clean Slate) Act 2004; have attached all documents where requested by this application; and have supplied credit card details for the correct fee. I understand and acknowledge that, unless the Master licence certificate was lost or stolen, I must surrender the old Master licence certificate to the Security Licensing & Enforcement Directorate within 14 days of receiving the new Master licence certificate by mailing it to Locked Bag 5099, Parramatta, NSW, 2124. **SIGNATURE** DATE (dd/mm/yyyy) **APPLICATION CHECKLIST** Please tick that you have: Provided, if applicable, a police certificate from each country that you have lived in for 12 months or more over the previous 10 years since turning 16 that has been translated into English (if necessary) and verified by the country's embassy/consulate in Australia; Provided, if applicable, acceptable change of name documents. Acceptable change of name documents must show a clear link between all your names and are limited to the following: • Marriage certificate(s) issued by the NSW Registry of Births, Deaths & Marriages or, if you were married elsewhere, a certified copy of the marriage certificate issued by the celebrant or church Change of Name certificate issued by the NSW Registry of Births, Deaths & Marriages Full birth certificate showing your name at birth and your new name (extracts and commemorative certificates are NOT acceptable) Divorce decree Deed poll registered with the relevant authority • Instrument evidencing change of name registered in the Land Titles Office; Provided, if applicable, a letter from the Secretary of the corporation (on the corporation's letterhead) verifying the change of Nominated Person; Provided, if applicable, a "Close Associate Nomination Form" (Form P644) for any additional close associates including a new Nominated Person; Signed the Declaration and Consent; Attached all relevant supporting documentation – Ensure that you provide original certified copies of all documents. EACH PAGE that has been photocopied must be signed by a Justice of the Peace, Legal Practitioner or Public Notary as a true and correct copy of the original; and Provided the correct payment. Mail the completed application form to: Security Licensing & Enforcement Directorate NSW Police Force Locked Bag 5099 PARRAMATTA NSW 2124

IMPORTANT:

YOUR APPLICATION WILL BE DELAYED IF IT IS NOT FULLY COMPLETED AND/OR YOU HAVE NOT PROVIDED THE REQUIRED DOCUMENTATION AND FEE PAYMENT.

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