

Application for registration of a business name

BN.....

Business Names Act 1962

This form is effective from 1 July 2011

ABN: 13 846 673 994

OFFICE USE ONLY

Date received

.....
LU:.....

The business name was registered on:

.....
for one year/ three years

.....
Delegate of the Registrar of Business Names

Registration fee:

\$133.60 for one year

\$255.60 for three years

No GST payable

Fees may be altered at any time by regulation.

Payment

Make cheques or money orders payable to the Office of Fair Trading. A receipt will not be issued unless specifically requested.

Instructions

Please complete in **BLOCK** letters. Attach extra pages if needed. All references to dates should be in DD/MM/YYYY.

Please make sure you complete and sign all relevant sections or you will delay consideration of your application. It is an offence to make false statements in a business name application.

Warning

Proof of ID—Individuals applying for a new business name must provide **certified proof of identification** with this application. Refer to page 4 of this application.

Before you choose a business name:

Make sure it does not infringe upon the rights of trade marks, and other business and company name holders by having an identical or similar name. Before you lodge your application, conduct:

- a search of Australia-wide company and business names by accessing the National Names Index (NNI) (visit www.asic.gov.au)
- a trade mark search of the Trade Mark Database through IP Australia (for more information phone 1300 651 010 or visit www.ipaustralia.gov.au).

Not finding an identical business name on the NNI in Queensland does not automatically mean that your business name will be registered.

Availability searches cannot be done by telephone.

Are you a dot.com?

If your proposed business name contains elements of a domain name, for example, '.com.au' or '.com', your application must be accompanied by written evidence that you hold the licence for the corresponding domain name issued by a domain name registrar.

Privacy statement—please read

The Office of Fair Trading is collecting information, including personal information, on this form as required by the *Business Names Act 1962*. The department usually passes some of this information on to other state or Commonwealth agencies when requested. In accordance with the Act, the business names register, which comprises computer-searchable electronic data and paper documents lodged, is available for inspection by the public for a fee. Any credit card payment details will be separated from the form and securely stored.

Please note: a \$80.55 administration fee is retained if the application is withdrawn or lapses.

Lodging party name and address

Correspondence regarding this form will be sent to the lodging party.

Name

Address

Suburb State Postcode

Phone () Fax ()

1. Business name

You may nominate three alternative names in order of preference. It is not compulsory to nominate alternative names.

If your first choice is not available we will process the next available one without contacting you.

Nominate the business name you wish to register.

(i)

(ii)

(iii)

(iv)

2. Period of registration

Please tick your choice.

One year Three years

You can register for either one or three years. Once you choose you cannot change the registration term during that period and no refunds will be given (i.e. if you choose three years and close the business after one year you cannot get a refund of the unused two year period).

<p>3. Date of commencement of business under the name being applied for</p>	<p>The business started or will start on <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small></p> <p>Please note: business name applications cannot be lodged more than two months prior to the date the business commences. This must be the date that the current applicants commenced, or will commence business under this name.</p>
<p>4. Nature of business Insert a concise description of the nature of business carried on or proposed to be carried on under the name applied for.</p>	<p>This section MUST be completed. Describe accurately the types of products or services you will offer, i.e. retailing computers, engineering consultancy etc.</p> <p>.....</p> <p>.....</p>
<p>5. Address of principal place of business in Queensland Insert shop no./office, floor, building name, street number and name, suburb, town or city (not a post office box) and email address. Note: this must be a Queensland address.</p>	<p>Address</p> <p>.....</p> <p>Suburb State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Email</p>
<p>6. Postal address of business If same as 5 write 'as above'.</p>	<p>Address</p> <p>Suburb State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>7. Other address(es) for this business in Queensland Insert shop no./office, floor, building name, street number and name, suburb, town or city (not a post office box). If more than two other places of business, attach a sheet giving the details for other addresses.</p>	<p>Address</p> <p>Suburb State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <hr/> <p>Address</p> <p>Suburb State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>8. Proprietors (owners)</p>	<p>The details and signature of all individuals who will be carrying on business under the name applied for must be shown in section 8A.*</p> <p>* Details of corporations/companies carrying on business must be shown in section 8B. # If a corporation/company will be carrying on business under the business name, do not show the details of the directors in 8A unless they are carrying on business in partnership with the corporation/company.</p> <p>If you are carrying on a business as a trustee of a trust you should insert full details of the trust after the trustee proprietor's name.</p>
<p>8A. Proprietors—individuals carrying on business Insert full name, residential address (not a post office box), date and place of birth and signature of all individuals who will be carrying on business under the business name applied for. If there are more than two individuals, please attach a sheet giving the same type of details for all others involved. Individuals must provide proof of ID with this application (see page 4). Each person must sign where indicated.</p>	<p>In signing this, I hereby declare that the information is true and correct in every detail.</p> <p>(i) Family name</p> <p>All given names</p> <p>Residential address (not a PO Box)</p> <p>Suburb State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small></p> <p>Place of birth (town and state or overseas country)</p> <p>Signature..... Date signed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small></p> <p><input type="checkbox"/> have attached appropriate certified proof of identity documents. Note: application cannot be processed until appropriate proof of identity is provided.</p>

<p>8A. Proprietors—individuals carrying on business (continued)</p> <p>Please refer to the previous page for further details.</p>	<p>In signing this, I hereby declare that the information is true and correct in every detail.</p> <p>(ii) Family name</p> <p>All given names</p> <p>Residential address (not a PO Box)</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Date of birth <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>D D M M Y Y Y Y</small></p> <p>Place of birth (town and state or overseas country)</p> <p>Signature..... Date signed <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>D D M M Y Y Y Y</small></p> <p><input type="checkbox"/> have attached appropriate certified proof of identity documents. Note: application cannot be processed until appropriate proof of identity is provided.</p>
<p>8B. Corporations/ companies carrying on business</p> <p>Insert the full corporation/ company name, details of the registered office address, the ACN/ARBN and relevant signature.</p> <p>The corporation must be registered in Australia.</p> <p>If the applicant is not a company, please advise the title of the Act under which the corporation is incorporated.</p> <p>The full name of the signatory and position held in the corporation/company must be stated.</p> <p>If there are more than two corporations, please attach a sheet giving the same type of details for all others involved.</p>	<p>In signing this, I hereby declare that the information is true and correct in every detail.</p> <p>(i) Corporation/company name</p> <p>ACN/ARBN <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> (not Australian Business Number.)</p> <p>Address of registered office</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Full name of signatory</p> <p>Position of signatory in corporation/company <input type="checkbox"/> Director <input type="checkbox"/> Company secretary</p> <p>Specify equivalent position if not a company</p> <p>Signature..... Date signed <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>D D M M Y Y Y Y</small></p> <hr/> <p>(ii) Corporation/company name</p> <p>ACN/ARBN <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/> (not Australian Business Number.)</p> <p>Address of registered office</p> <p>Suburb State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Full name of signatory</p> <p>Position of signatory in corporation/company <input type="checkbox"/> Director <input type="checkbox"/> Company secretary</p> <p>Specify equivalent position if not a company</p> <p>Signature..... Date signed <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>D D M M Y Y Y Y</small></p>
<p>Further instructions and advice</p> <p>If you need help or aren't sure of something when completing this form call 13 13 04 rather than submitting an incomplete or incorrect form.</p>	<ul style="list-style-type: none"> • Once registered, it is your responsibility to ensure the registration is renewed with the department. If your address changes please advise the department within one month. If you need to make other changes contact the department for advice. • Once your business name is registered you cannot change it without lodging another application form and fee. • Once registered, you will automatically receive Smart Business Bulletin—the Office of Fair Trading's bi-monthly e-newsletter for businesses. You may unsubscribe at any time. • Applications lodged with the Magistrates Courts or Queensland Government Agent Program offices will be forwarded by mail to the Office of Fair Trading. Applications are not entered on the business names computer system for processing until received by the Office of Fair Trading.

