

# 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:	

<b>BUSINESS NAME:</b> (Insert full business name as registered)	<b>Registration No.</b> (not ABN)
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**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"/> <b>Postal address.</b> Ensure that if not a post office box that any location address is an Australia Post delivery area.
<input type="checkbox"/> <b>Principal place of business.</b> 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"/> <b>Other places of business.</b> Include portion, lot or street no. and name.
<input type="checkbox"/> <b>Nature of business.</b> Insert concise description of nature of business.
<input type="checkbox"/> <b>Name change of proprietor.</b> (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"/> <b>Proprietors residential address.</b> 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

<b>PROPRIETOR(S) CEASING</b>	<b>DATE OF CESSATION (insert date)</b>
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**Proprietor Details (if individual natural persons)**

<b>Surname:</b>	<b>Given name(s): (no initials)</b>	
<b>Signature:</b>	<b>Date:</b>	<b>ABN (if applicable)</b>

<b>Surname:</b>	<b>Given name(s): (no initials)</b>	
<b>Signature:</b>	<b>Date:</b>	<b>ABN: (if applicable)</b>

**OR**

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

<b>Name:</b>		
<b>ARBN/ACN</b>		
<b>Name: (director/company secretary/public officer)</b>	<b>Signature:</b>	<b>Date:</b>

<b>PROPRIETOR(S) CONTINUING</b>
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**Proprietor Details (if individual natural persons)**

<b>Surname:</b>	<b>Given name(s): (no initials)</b>	
<b>Signature:</b>	<b>Date:</b>	<b>ABN: (if applicable)</b>

<b>Surname:</b>	<b>Given name(s): (no initials)</b>	
<b>Signature:</b>	<b>Date:</b>	<b>ABN: (if applicable)</b>

**OR**

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

<b>Name:</b>		
<b>ARBN/ACN:</b>		
<b>Name: (director/company secretary/public officer):</b>	<b>Signature:</b>	<b>Date:</b>

<b>PROPRIETOR(S) COMMENCING</b>	<b>DATE OF COMMENCEMENT (insert date)</b>
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**Proprietor Details (if individual natural persons)**

<b>Surname:</b>		<b>Given name(s): (no initials)</b>	
<b>Residential Address:</b>			<b>Postcode:</b>
<b>Date of birth:</b> / /		<b>Place of birth: (Town, State &amp; Country)</b>	
<b>Signature:</b>		<b>Date:</b>	<b>ABN: (if applicable)</b>

<b>Surname:</b>		<b>Given name(s): (no initials)</b>	
<b>Residential Address:</b>			<b>Postcode:</b>
<b>Date of birth:</b> / /		<b>Place of birth: (Town, State &amp; Country)</b>	
<b>Signature:</b>		<b>Date:</b>	<b>ABN: (if applicable)</b>

**OR**

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

<b>Name:</b>		
<b>ARBN/ACN</b>		
<b>Name: (director/company secretary/public officer)</b>	<b>Signature:</b>	<b>Date:</b>

**DECLARATION BY LODGING PARTY**

<b>I hereby declare that all the above information is true and correct in every detail.</b>
<b>Signature:</b>
<b>Name:</b>
<b>Date:</b>

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

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](http://www.nt.gov.au/nt/revenue).

**PRIVACY STATEMENT**

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