

CE301*

Business Names Act 1962

Business Names Amendment Regulations (No. 2) 2004

Made by the Governor in Executive Council.

1. Citation

These regulations may be cited as the *Business Names Amendment Regulations (No. 2) 2004*.

2. The regulations amended

The amendments in these regulations are to the *Business Names Regulations 1962**.

[* Reprinted as at 21 June 2002.

For amendments to 3 June 2004 see *Western Australian Legislation Information Tables for 2003, Table 4, p. 40 and Gazette 9 January 2004.*]

3. Regulation 8 amended

Regulation 8(e)(iii) is amended by deleting “Corporate Affairs” in both places where it occurs and inserting instead —

“ Fair Trading ”.

4. First Schedule amended

The First Schedule is amended as follows:

- (a) in the First Column by deleting “7(1), (2); 8(1)” and inserting instead —
“ 7 ”;
- (b) in the First Column by deleting “12(1)(a), (b), (2), (4)” and inserting instead —
“ 12(1), (2), (3), (4) ”;
- (c) by deleting the row relating to form 7.

5. Second Schedule amended

- (1) The Second Schedule Form 1 is deleted and the following form is inserted instead —

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Form 1 — Application for registration of a business name

<i>Business Names Act 1962 s. 7</i> <i>Business Names Regulations 1962</i> Form 1 Application for registration of a business name [Please use BLOCK LETTERS]		
Details of the business		
1	Business name to be registered	
2	Alternative names (if above name not available)	2 nd preference:
		3 rd preference:
		4 th preference:
3	Existing business name [if any]	[if existing business name is to be cancelled, complete Form 5]
4	Nature of business [be concise]	
5	Address(es) in WA where business is or is proposed to be carried on [include postcode(s)]	Principal place of business:
		Other place:
		Other place:
6	Address in WA for service of notices under the Act [postal address acceptable]	
7	Commencement date of business	
Details of the persons who do or will carry on the business		
8	Applicants who are individuals [give date of birth if under 18 years of age] [if insufficient space, attach an annexure]	Surname: Given names: Date of birth: Residential address: (not P.O. Box No.) Signature:
		Surname: Given names: Date of birth: Residential address: (not P.O. Box No.) Signature:
		Have any of the above persons been convicted in WA or elsewhere — <ul style="list-style-type: none"> • on indictment of an offence in connection with the promotion, formation or management of a corporation; • of an offence involving fraud or dishonesty punishable on conviction with imprisonment for 3 months or more; or • of any other offence relating to the management or administration of a corporation or the purchase or selling of shares in a corporation? Yes/No If yes you must contact the Department before you lodge this form.

9	Applicants who are corporations [the officer signing must be a director or secretary of the corporation] [if insufficient space, attach an annexure]	Corporation name: ACN: Registered office: (not P.O. Box No.) Officer's full name: Officer's signature: Officer's position:	Date:
		Corporation name: ACN: Registered office: (not P.O. Box No.) Officer's full name: Officer's signature: Officer's position:	Date:
Details of person who may be contacted about this application			
10	Name: Address: Telephone: Fax: Email:		

(2) The Second Schedule Form 2 is amended by deleting "Corporate Affairs" and inserting instead —

“ Fair Trading ”.

(3) The Second Schedule Form 3 is deleted and the following form is inserted instead —

Form 3 — Statement for renewal of registration of a business name

<i>Business Names Act 1962 s. 11(1)</i> <i>Business Names Regulations 1962</i> Form 3 Statement for renewal of registration of a business name [Please use BLOCK LETTERS]		
Details of the business		
1	Registered business name	
2	Registration number	
3	Date registration expires	
4	Nature of business [be concise]	
5	Address(es) in WA where business is being carried on [include postcode(s)]	Principal place of business:
		Other place:
		Other place:
6	Address in WA for service of notices under the Act [postal address acceptable]	

Details of the persons who carry on the business			
7	Individuals	Surname: Given names:	
		Surname: Given names:	
		Surname: Given names:	
		Have any of the above persons been convicted in WA or elsewhere —	
		<ul style="list-style-type: none"> • on indictment of an offence in connection with the promotion, formation or management of a corporation; • of an offence involving fraud or dishonesty punishable on conviction with imprisonment for 3 months or more; or • of any other offence relating to the management or administration of a corporation or the purchase or selling of shares in a corporation? 	
		Yes/No If yes you must contact the Department before you lodge this form.	
8	Corporations	Corporation name: ACN:	
		Corporation name: ACN:	
		Corporation name: ACN:	
Declaration			
9	Declaration [making a false declaration is an offence with a penalty of \$1 000]	I declare that the persons named above are carrying on a business under the above business name and that all the details on this form are true and correct.	
		Telephone:	Email:
		Surname & given names: Signature:	Date:
		Corporation name: ACN: Officer's full name: Officer's signature: Officer's position:	Date:
10	Capacity of person making declaration [tick one box]	<input type="checkbox"/> An individual carrying on the business. <input type="checkbox"/> An officer who is a director or secretary of a corporation carrying on the business.	

(4) The Second Schedule Form 4 is deleted and the following form is inserted instead —

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Form 4 — Statement of change in registered particulars

<i>Business Names Act 1962 s. 12(1), (2), (3) & (4)</i> <i>Business Names Regulations 1962</i> Form 4 Statement of change in registered particulars [Please use BLOCK LETTERS]	
Details of the business	
1	Registered business name
2	Registration number

Change of place(s) of the business [Act s. 12(1)(b)]			
3	New address(es) in WA where the business is carried on [include postcode(s)]	New principal place of business: Date opened:	
		New additional place of business: Date opened:	
4	Address(es) in WA where the business no longer carried on [include postcode(s)]	Address: Date closed:	
		Address: Date closed:	
Change of address for service of notices [Act s. 12(1)(c)]			
5	New address in WA for service of notices under the Act [postal address acceptable]		
6	Date of change		
Change of nature of the business [Act s. 12(1)(a)]			
7	New nature of business		
8	Date of change		
Person(s) who have <u>commenced</u> carrying on the business [Act s. 12(4)]			
9	New individuals carrying on the business [give date of birth if under 18 years of age]	Surname: Given names: Date of birth: Residential address: (not P.O. Box No.) Date commenced:	
		Surname: Given names: Date of birth: Residential address: (not P.O. Box No.) Date commenced:	
		<p>Has a person specified above been convicted in WA or elsewhere —</p> <ul style="list-style-type: none"> • on indictment of an offence in connection with the promotion, formation or management of a corporation; • of an offence involving fraud or dishonesty punishable on conviction with imprisonment for 3 months or more; or • of any other offence relating to the management or administration of a corporation or the purchase or selling of shares in a corporation? <p>Yes/No If yes you must contact the Department before you lodge this form.</p>	
10	New corporations carrying on the business	Corporation name: ACN: Registered office: (not P.O. Box No.) Date commenced:	Date:
		Corporation name: ACN: Registered office: (not P.O. Box No.) Date commenced:	Date:

Person(s) who have <u>ceased</u> carrying on the business [Act s. 12(3)]			
11	Individuals who have ceased to carry on the business	Surname: Given names: Date ceased:	
		Surname: Given names: Date ceased:	
12	Corporations that have ceased to carry on the business	Corporation name: ACN: Date ceased:	
		Corporation name: ACN: Date ceased:	
Details of all person(s) continuing to carry on the business [To be completed only if any of items 9 to 12 above has been completed]			
13	Individuals who continue to carry on the business	Surname: Given names: Address:	
		Surname: Given names: Address:	
14	Corporations that continue to carry on the business	Corporation name: ACN: Registered office: (not P.O. Box No.)	
		Corporation name: ACN: Registered office: (not P.O. Box No.)	
Change of details of person(s) carrying on the business [Act s. 12(2)]			
15	Change of name [e.g. by marriage or deed poll]	Old name: New name: ACN (if corporation): Date of change:	
16	Change of address	Surname & given names or corporation name & ACN: Old address: New address: Date of change:	
Declaration			
<p style="text-align: center;">Who must complete this declaration</p> <ul style="list-style-type: none"> • If item 3, 4, 5 or 7 above is completed — any one of the persons carrying on the business. • If item 9 or 10 above is completed — the continuing and commencing proprietors. • If item 11 or 12 above is completed — the continuing and ceasing proprietors. • If item 15 or 16 above is completed — the person or corporation named in the item. <p>[For details of the above see the Act s. 12(1), (2), (3) & (4).]</p>			
17	Declaration	I/we declare that all the details on this form are true and correct.	
18	Signatures [making a false declaration is an offence with a penalty of \$1 000] [the officer signing must be a director or secretary of the corporation]	Surname & given names: Signature:	Date:
		Surname & given names: Signature:	Date:
		Corporation name: ACN: Officer's full name: Officer's signature: Officer's position:	Date:

