



1. New Individual Client details

Family Name

Title (Mr, Ms, Mrs, Miss, Dr)

First name and middle initial/s

Date of Birth

ABN (if applicable)

Postal Address:

Street Address: - if same as postal address, write 'As above'

Home Phone
Mobile
Email Address

Are you involved in a partnership, business or director of a company registered with AFMA, if so, please record below the partnership/business or company name (or you may record their AFMA client ID if known) and your position held

Position held:

Declaration

I declare that the information provided on this form is, to the best of my knowledge, true and correct.

Signature and date

2. New Company/Partnership* details.

Name

ABN/ACN

Postal Address:

Street Address: - if same as postal address, write 'As above'

Contact Name
Business Phone
Email Address
Business Fax

LIST COMPANY DIRECTORS

Name _____ D.O.B _____

Name _____ D.O.B _____

Name _____ D.O.B _____

(If you have more than 3 directors please list them and their date of birth on the back of this form)

Declaration

I declare that the information provided on this form is, to the best of my knowledge, true and correct.

Signature and date

Full Name

Position held In company

*For a partnership/business AFMA also requires an AA form be completed recording each partner's details.



Notes on completing this form:

1. New Individual Client details; this section must be completed fully for an individual to be registered as an AFMA client.

If you are completing this form as an individual but you are in a partnership/business or company registered with AFMA please record the partnership/business or company name or their AFMA client ID. And position held such as partner/owner/director etc.

2. New Company/Partnership* details; this section must be completed fully to register a new company or partnership as an AFMA client.

For a company please record all details of the company and include the name and DOB for each director.

For a partnership please record the partnership name, details and complete an Authorised Agent (AA) form recording the details of each partner.

3. Post, fax or email this completed form to;

Australian Fisheries Management Authority
Box 7051
Canberra Business Centre ACT 2610
Fax: (02) 6225 5440
Email: licensing@afma.gov.au

4. Privacy information - The Australian Fisheries Management Authority (AFMA) is authorised to collect the information provided on this form under the Fisheries Management Act 1991. Information is collected pursuant to our data collection functions under the *Fisheries Administration Act 1991* (section 7)

Consistent with AFMA's objectiveness and/or functions and/or powers, the information provided may be disclosed to:

- . Australian, State and Territory governments and agencies involved in the enforcement of law;
- . Australian and International fisheries research and management organisations, and
- . Foreign governments in support of domestic and international obligations in relation to fisheries management, research and compliance.

For more information about privacy please contact AFMA

on 1300 723 621

Use this area to record further information if required.

