



Application for a **CORPORATION MASTER LICENCE** under the **Commercial Agents & Private Inquiry Agents** **Act 2004**

NSW POLICE **P612**

Please use a black or blue pen ONLY. Print clearly within the boxes in CAPITAL LETTERS. If you are not required to give information in some sections of the application, leave the boxes blank – do not mark or cross them out. **This application can only be used for CORPORATE entities. If you are an individual running a business, you must complete an Individual Master Licence application.**

1 LICENCE ACTIVITY & CLASS

- 1.1 If the Corporation has previously held a CAPI Licence, you MUST provide the Licence Number, Identity Number (if known) and Expiry Date.
- 1.2 Indicate the licence activity(ies) for which you are NOW applying.
- 1.3 Indicate the licence class required.

2 CORPORATION DETAILS

2.1 Business Details

Corporation Name – Print the full name of the Corporation. You must also provide a copy of your certificate of Registration of a Company with your Australian Company Number (ACN, from ASIC) certified by a Justice of the Peace as a 'true and correct' copy.

Australian Business Number (ABN) – You must provide your Australian Business Number (ABN, from the Australian Taxation Office). You must also provide a copy of your Australian Business Number certificate, certified by a Justice of the Peace as a 'true and correct' copy.

Registered Business/Registered Trading Name – If you are operating under a Registered Business/Registered Trading Name, print the relevant name. You must also provide a copy of your certificate of NSW Registration of Business Name (BRN – from the NSW Office of Fair Trading), certified by a Justice of the Peace as a 'true and correct' copy. If you have more than one Registered Business/Registered Trading Name, you must provide a certified copy of the certificate of NSW Registration of Business Name for EACH Registered Business/Registered Trading Name.

Registered Office Address – Print the Registered Office address of the business.

Principal Business Address – Print the Principal business address. This is the address from where the business operates. If the address is the same as the Registered Office Address, write "As Above".

Postal Address – Print the address where you wish any mail (in connection with this licence) to be sent.

2.2 Contact Person Details (for this application)

IMPORTANT – If the contact person for this application is also a Close Associate of the Corporation, details must also be provided on the 'Close Associate' Nomination Form.

Last Name/Given Name(s) - Print the full name of the contact person for THIS application.

Telephone Number (Business Hours) – Print the day time telephone number of the contact person nominated above.

Mobile Number or other – Print the mobile/other telephone number (if applicable) for the contact person.

3 CORPORATION HISTORY

Read each question carefully and tick the appropriate box. If you tick YES to any of these questions, you must also provide the relevant details. **(Note: Penalties apply for omissions and false or misleading information).**

4 CLOSE ASSOCIATES

All Close Associates to your business must be disclosed on the attached Close Associate Nomination Form. (Refer to that form for the definition of a Close Associate.) Close Associate information will be verified against Australian Securities and Investment Commission (ASIC) records. Failure to disclose Close Associates will result in the application form being returned.

5 LICENCE APPLICATION FEE

Full payment as shown on the "Schedule of Fees" document (for the licence class(es) you require) MUST accompany your application. Payment can be made by cheque, money order (made payable to NSW Police) or credit card. Do not send cash. A **non-refundable** administration cost of **\$65.00** has been included in all licence application fees.

If more than one licence application is submitted, a separate cheque, money order or credit card authorisation must be provided for each application.

Indicate your method of payment by ticking the appropriate box. If you are paying by cheque or money order, please attach it securely to the application. If you are paying by credit card you must complete all the relevant details. Bankcard, MasterCard and Visa ONLY will be accepted.

Completed Application Form to be forwarded to the CAPI Unit, Locked Bag 5099, Parramatta NSW 2124

6 RELEVANT DOCUMENTATION

YOU MUST ATTACH THE FOLLOWING TO YOUR APPLICATION. FOLLOW THE CHECKLIST TO ENSURE YOU INCLUDE ALL REQUIREMENTS AS YOUR APPLICATION WILL BE RETURNED IF YOU HAVE OMITTED ANY DOCUMENTATION.

- Certified copy of your *Certificate of NSW Registration of a Company* showing your Australian Company Number (ACN, from ASIC)
- Certified copy of your *Certificate of Australian Business Number* (ABN, from the Australian Taxation Office)
- Certified copy of your *Certificate of NSW Registration of Business Name* (BRN, from the NSW Office of Fair Trading), for each Business/Trading Name (if applicable).
- Close Associate nomination form for all Close Associates.
- Full payment

7 DECLARATION - CONTACT PERSON

Do not complete this section until you have a Justice of the Peace present. Declaration must be signed and dated by the contact person.

8 JUSTICE OF THE PEACE

The Justice of the Peace must witness your signature on the declaration and must sign and date the application and provide their full name and JP Number (if applicable).

All applicants note: Holders of CAPI Licences are required to notify the CAPI Unit of any changes in the licensee's usual address within 14 days.



Application for a CORPORATION MASTER LICENCE under the Commercial Agents & Private Inquiry Agents Act 2004

OFFICE USE ONLY												
Applic. No.												
Receipt No.												
Undisclosed Close Associate(s)	Y / N											

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

1 LICENCE ACTIVITY & CLASS

1.1 Has the corporation previously held a CAPI Licence? NO Go to 1.2 YES (Provide details below)

LICENCE NO. (MANDATORY) IDENTITY NO. (IF KNOWN) EXPIRY DATE DD / MM / YYYY

1.2 Indicate the licence activity(ies) required.
 Process serving Debt Collection Repossession of Goods Surveillance of Persons Investigation of Persons

1.3 Indicate the licence class required: 1-10 employees More than 10 employees

2 CORPORATION DETAILS

2.1 BUSINESS DETAILS

CORPORATION NAME AUST. BUSINESS NO. (ABN) (MANDATORY)

REGISTERED BUSINESS/TRADING NAME (IF NOT APPLICABLE, LEAVE BLANK)

REGISTERED OFFICE ADDRESS (BUILDING NAME IF APPLICABLE, NUMBER AND STREET ONLY – PO BOX NOT ACCEPTABLE)

SUBURB/TOWN STATE POSTCODE

PRINCIPAL BUSINESS ADDRESS (BUILDING NAME IF APPLICABLE, NUMBER AND STREET ONLY – IF SAME AS REGISTERED OFFICE ADDRESS, WRITE 'AS ABOVE')

SUBURB/TOWN STATE POSTCODE

POSTAL ADDRESS (IF SAME AS PREVIOUS DETAILS, WRITE 'AS ABOVE') SUBURB/TOWN STATE POSTCODE

2.2 CONTACT PERSON DETAILS (FOR THIS APPLICATION)

LAST NAME GIVEN NAME/S

TELEPHONE NO. (BUSINESS HOURS) MOBILE NO. OR OTHER EMAIL ADDRESS (IF APPLICABLE)

3 CORPORATION HISTORY

You must answer ALL 3 questions. PENALTIES APPLY FOR OMISSIONS, FALSE OR MISLEADING INFORMATION. If more than one offence, attach a separate sheet showing particulars.

3.1 Has the corporation or any of its subsidiaries been refused a licence or had a licence suspended, cancelled or revoked in New South Wales or elsewhere?
 NO YES (If yes, provide details below)

TYPE OF LICENCE WHERE? WHEN?

REASON FOR REFUSAL/SUSPENSION/CANCELLATION/REVOCAION

If the corporation appealed against the decision, provide details below:
 COURT APPEAL OUTCOME DATE

3.2 Has the corporation or any of its subsidiaries been to court in the last 10 years in New South Wales or elsewhere and been convicted of an offence, eg: Monetary Penalty, etc? (eg: S9)
 NO YES (If yes, provide details below)

OFFENCE PENALTY

COURT DATE OF CONVICTION

3.3 Has the corporation or any of its subsidiaries been found guilty of an offence where the Court has decided to record no conviction, within the last 5 years in New South Wales or elsewhere? (eg: S10)
 NO YES (If yes, provide details below)

OFFENCE COURT DATE

4 CLOSE ASSOCIATES

All Close Associates must be disclosed on the attached Close Associate Nomination Form. Close Associate information will be verified against Australian Securities and Investment Commission (ASIC) records. Failure to disclose Close Associates will result in the application form being returned.

5 LICENCE APPLICATION FEE

Payment by: CHEQUE MONEY ORDER CREDIT CARD

If paying by CREDIT CARD, please complete the following: BANKCARD MASTERCARD VISA

CREDIT CARD NUMBER

EXPIRY DATE

AMOUNT \$

CARDHOLDER'S NAME (BLOCK LETTERS)

CARDHOLDER'S SIGNATURE

6 RELEVANT DOCUMENTATION

Please check that the following documentation is attached by using the checklist provided below. When copies are requested, each **MUST** be endorsed as a 'true and correct copy' by a Justice of the Peace.

	YES	N/A
Certified copy of <i>Certificate of Registration of a Company</i> showing your Australian Company Number (ACN, from ASIC)	<input type="checkbox"/>	<input type="checkbox"/>
Certified copy of <i>Certificate of Australian Business Number</i> (ABN, from the Australian Taxation Office)	<input type="checkbox"/>	<input type="checkbox"/>
Certified copy of <i>Certificate of NSW Registration of Business Name</i> (BRN, from the NSW Office of Fair Trading) for each Business/Trading Name	<input type="checkbox"/>	<input type="checkbox"/>
Close Associate Nomination Form(s)	<input type="checkbox"/>	<input type="checkbox"/>
Full payment	<input type="checkbox"/>	<input type="checkbox"/>

7 DECLARATION - CONTACT PERSON

I, (Print full name)

- Consent to the disclosure by the relevant authority of information needed to verify any details I have given in this application.
- Certify that the information contained in this application is true and correct in every detail. (NOTE: Giving false or misleading information is a serious offence).
- Have attached all documents where requested by this application.
- Have attached a cheque or money order or supplied credit card details for the correct fee.

SIGNATURE OF APPLICANT

DATE

8 JUSTICE OF THE PEACE (MUST WITNESS THE CONTACT PERSON'S SIGNING OF THE ABOVE DECLARATION)

FULL NAME OF JP

JP NUMBER

SIGNATURE OF JP

DATE