

Notification of change of Registration details (Partnership)

Use of this Form

This form is to be used to notify the Board of changes to the registered and recorded details of partnerships. It should be used in the following circumstances:-

- Change of name
- Change of contact details
- Change of partners of a registered partnership

For change of name of a Partner, please attach a certified copy of the Deed Poll/Marriage certificate.

A new registration certificate will be issued showing the name change.

Please complete the applicable section, sign and date the form and email it to admin@archboardsa.org.au.

Privacy Laws and use of this information

Information requested by the Board is strictly confidential. Only that information which is available for publication in the Register may be provided to other registration authorities and to the public.

This form must be lodged **within one month** of change in particulars. No fee is payable if lodged within one month of the change taking effect. **An expiation fee of \$80.00 for late lodgement is payable to the Board** pursuant to sections 24 and 25 of *The Architectural Practice Act 2009*.

Change of Name

Date of Effect: _____

Previous Partnership/Trading Name

New Partnership/Trading Name

ABN

ACN

Change of Contact Details

Date of Effect: _____

Name

New Street Address

Postcode

New Postal Address (if different from above)

Postcode

Please indicate your preferred address for correspondence:

Street Postal

Change in Contact Person

Contact Person

Phone

Mobile

Email

Change in Partnership Structure

Date of Effect: _____

Name of Partnership

Add new partner(s)

1. _____

Full Name

Address

Postcode

SA Registration No.

2. _____

Full Name

Address

Postcode

SA Registration No.

Notification of change of Registration details (Partnership)

Remove partner(s)

1. _____
Full Name

Address

_____ Postcode _____

SA Registration No.

2. _____
Full Name

Address

_____ Postcode _____

SA Registration No.

If insufficient space, please attach a schedule.

Full Name of Authorised Officer

Title of Authorised Officer

Signature of Authorised Officer

_____ Date _____ SA Registration