

## PURPOSE

This form is to be used to change the particulars of an association's registered office, under the *Associations Incorporation Act 1991* (the Act). You can access the legislation at [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.act.gov.au/accesscbr](http://www.act.gov.au/accesscbr).

## PRIVACY

The Act authorises the Registrar-General to collect the personal information required by this form for the purposes of issuing a registration under the Act. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Registrar-General provides identifiable information to law enforcement and other organisations that have legal authority to request information under prescribed circumstances.

## INSTRUCTIONS FOR COMPLETION

- If competing by hand, please print; ensuring writing is clear and legible.
- This office will not accept lodgement of this form if it is not completed in full.
- Contact Access Canberra for payment options.
- Please retain your receipt as evidence of payment.

## IMPORTANT INFORMATION

- The incorporation of an association creates a legal entity, under the management of the committee members. The committee members are held accountable for ensuring that the association operates in compliance with applicable laws including the Act and the *Associations Incorporation Regulation 1991* (the Regulation).
- The public officer is responsible for acting as a point of contact between the association and the community and is expected to be able to represent the association in dealings with the Access Canberra.
- The Act prohibits any person from serving as a committee member or the public officer if that person is bankrupt or personally insolvent, unless the ACT Supreme Court grants leave under S 63 of the Act. A search should be conducted of the records held by the Australian Financial Security Authority (AFSA) at [www.afsa.gov.au](http://www.afsa.gov.au) before accepting the nomination of a person as a committee member.
- If the association, the public officer or a committee member fails to meet their statutory obligations under the Act (such as failure to lodge annual returns), the Registrar-General may make an application to the ACT Civil and Administrative Tribunal (ACAT) for the disqualification of the office-holder. The disqualification will be for a period the ACAT considers appropriate if satisfied that the extent of noncompliance justifies disqualification.

## LODGEMENT AND CONTACT INFORMATION

**Email:**  
[accesscanberra.bil@act.gov.au](mailto:accesscanberra.bil@act.gov.au)

**General Enquiries:**  
(02) 6207 3000

**Fax Number:**  
(02) 6207 0424

**Post:**  
Access Canberra  
Business and Industry Licensing  
GPO Box 158  
Canberra, ACT 2601

**In Person:**  
Please visit  
[www.act.gov.au/accesscbr](http://www.act.gov.au/accesscbr)  
Or call **132281** to find an  
Access Canberra Service Centre

## TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

# CHANGE OF REGISTERED OFFICE PARTICULARS – FORM A4

Associations Incorporation Act 1991  
Associations Incorporation Regulation 1991

1. ASSOCIATION NAME	ASSOCIATION NUMBER
Inc.	<b>A0</b>

2. PARTICULARS OF THE CHANGE		
Has the association not previously had a registered office but has now opened an office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the association changed the address and/or hours of opening of its registered office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the association closed its existing registered office and will no longer have a registered office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. DATE OF THE CHANGE

4. OFFICE ADDRESS OF REGISTERED OFFICE OF ASSOCIATION (Registered office must be in the ACT)	OFFICE HOURS	
	FROM:	TO:
	STATE / TERRITORY	POSTCODE
	ACT	

5. PREFERRED POSTAL ADDRESS OF ASSOCIATION		
	STATE / TERRITORY	POSTCODE

6. NAME AND ADDRESS OF CURRENT PUBLIC OFFICER (The public officer must be an ACT resident aged 18 years or older. If you do not want your residential address on the public record, please list an alternative address in the ACT)		
TITLE (Mr, Ms)	GIVEN NAMES	SURNAME
ADDRESS		
CITY / SUBURB / TOWN	STATE/TERRITORY	POSTCODE
	ACT	
CONTACT TELEPHONE NUMBER	EMAIL ADDRESS	

7. STATEMENT BY THE PUBLIC OFFICER		
As the current public officer of this association, I confirm all of the particulars shown on this form are true and correct, and that I have read the 'Privacy Statement' and 'Important Information' as listed on the front page of the form.		
Public Officer Signature	Public Officer Name	Date / /

OFFICE USE ONLY	Date Lodged	
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