

APPLICATION TO SUPPRESS ADDRESS ON THE PUBLIC REGISTER

A12 - Form 712

Associations Incorporation Act 1991 Associations Incorporation Regulation 1991

IMPORTANT INFORMATION

This form is to be used to request your address from the public register as it relates to an association. You can access the Act at <u>www.legislation.act.gov.au</u>. You may also obtain further information and forms at <u>www.act.gov.au/accesscbr</u>.

PRIVACY INFORMATION

Section 9 of the Associations Incorporations Act 1991 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.

LODGEMENT AND CONTACT INFORMATION

Email: 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 <u>www.act.gov.au/accesscbr</u> 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.

ASSOCIATION NAME

ASSOCIATION NUMBER

MEMBER/PUBLIC OFFICER NAME AND ANY POSTION HELD

PERIOD OF TIME IN APPOINTED POSITION (PLEASE PROVIDE SPECIFIC DATES IF POSSIBLE)

Incorporated

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ANY INFORMATION WHICH INDICATES WHERE ADDRESSES MAY BE HELD ON PUBLIC REGISTER Example of documentation may include Annual Returns, members registers, changes to committee members/public officer, application to incorporate

ADDRESS TO BE KEPT CONFIDENTIAL

SUBSTITUTE ADDRESS FOR PUBLIC REGISTER

This address may be a residential, business or Po Box. PLEASE NOTE: The Public Officer must provide an alternate address in the ACT.

SIGNATURE OF MEMBER OR PUBLIC OFFICER

Signature