

APPLICATION TO ADD / REMOVE E-BUSINESS CONTACT TO A FISH PROCESSOR REGISTRATION

Please complete this form and return it to PIRSA Fisheries & Aquaculture to nominate the eBusiness contact(s) who will be registered to this Fish Processor registration.

Registration Number:

Name/Company of Registration:

Telephone Number:

If registration is held by a company, name of director completing this form on behalf of company:.....

Nominated eBusiness contact(s) to be **ADDED** to the licence: (See page 2 for details)

- 1. Name:.....
- 2. Name:.....
- 3. Name:.....
- 4. Name:.....
- 5. Name:.....

Nominated eBusiness contact(s) to be **REMOVED** from the licence:

- 1. Name:.....
- 2. Name:.....
- 3. Name:.....
- 4. Name:.....
- 5. Name:.....

PIRSA FISHERIES LICENSING
2 Hamra Avenue, West Beach. SA 5024
GPO Box 1625, Adelaide SA 5001
Telephone (08) 8207 5332 Facsimile (08) 8207 5331
Email PIRSA.FisheriesLicensing@sa.gov.au
<http://www.pir.sa.gov.au/fisheries/home>

Licence Holders Initials

PART B TO BE COMPLETED BY CONTACTS NOT BEING THE HOLDER OF THE REGISTRATION

eBusiness Contact 1) Name D.O.B.
Postal Address: Postcode
Residential Address: Postcode
Phone numbers:..... (home) (mobile)
Email:
Signature.....

eBusiness Contact 2) Name D.O.B.
Postal Address: Postcode
Residential Address: Postcode
Phone numbers:..... (home) (mobile)
Email:
Signature.....

eBusiness Contact 3) Name D.O.B.
Postal Address: Postcode
Residential Address: Postcode
Phone numbers:..... (home) (mobile)
Email:
Signature.....

eBusiness Contact 4) Name D.O.B.
Postal Address: Postcode
Residential Address: Postcode
Phone numbers:..... (home) (mobile)
Email:
Signature.....

eBusiness Contact 5) Name D.O.B.
Postal Address: Postcode
Residential Address: Postcode
Phone numbers:..... (home) (mobile)
Email:
Signature.....

Licence Holders Initials

DECLARATION OF REGISTRATION HOLDER

I (Natural Person / Director)
(Full name of person completing this form – individual licence holder or company Director)

of (address)

hereby certify that this application is to the best of my knowledge and belief true and accurate.

Dated the of, 20.....

Signed:

Witnessed by:
(Full Name)

of
(address)

Signature of Witness:.....

Licence Holders Initials
