



## 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 .....

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

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

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

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

Licence Holders Initials
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**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
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