

ABN 190 403 498 65

## Application for Registration as an Insurer

Pursuant to Section 33 of the Stamp Duties Act 1923

### 1. Legal Entity Providing Insurance (Name to appear on your Registration):

\_\_\_\_\_

The legal entity is a:  Company  Firm  Sole Proprietor  Other (please specify) \_\_\_\_\_

Legal Entity Trading as: \_\_\_\_\_

ACN

ABN

### 2. Address Details – Business, Postal, Inspection of Records and Contact person

**Business Address** (Main/sole site where business activity carried on in South Australia and site where insurance records can be inspected).

\_\_\_\_\_

Postcode \_\_\_\_\_

**Postal Address:**

\_\_\_\_\_

Postcode \_\_\_\_\_

**Address of site where records can be inspected**

\_\_\_\_\_

Postcode \_\_\_\_\_

**Business Contact Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Daytime Phone ( )** \_\_\_\_\_ **Facsimile ( )** \_\_\_\_\_

**Email (Business)** \_\_\_\_\_

### 3. Insurance Business

**Type of Insurance business conducted:**  General  Life

**Date insurance business commenced in South Australia:**

**General** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Life** \_\_\_\_/\_\_\_\_/\_\_\_\_

### 4. Declaration

A person must not make any false or misleading statement or representation on a statement made, or purporting to be made.  
**Maximum penalty: \$10,000 pursuant to Section 55 of the Taxation Administration Act 1996.**

I, \_\_\_\_\_ of \_\_\_\_\_  
Name in block letters Address of Declarant

hereby declare that the information provided on this statement is true and correct.

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Personal signature of \*director/secretary/public officer or  
authorised person (\*Delete as appropriate)

Contact telephone No. \_\_\_\_\_

Facsimile No. \_\_\_\_\_

Email address. \_\_\_\_\_