

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).

Postal Address: _____ 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. _____