

Customer ID

Application for an Account

1 Account Details *(include all new details)*

Surname/Company

Given Names

Residential Address

State Postcode

Postal Address

State Postcode

Telephone Number

Fax Number

Email Address

Date of Birth

 / /

2 Representative/Agent *(Person applying for the account)*

If the account is to be put in to the Sole Owner (not a business nor company name) please skip part 2

Surname

Given Names

Association

Account Contact Person

Estimate of transactions per month _____

Type of transactions requested?
eg (Permits, Searches) _____

Note Account facilities may be withdrawn if payment is not made by the due date on the invoice.

Signature _____

Date _____

3 Evidence of identity

Please attach a copy of your certificate of incorporation if the application is to be in the name of a company; or your drivers licence details if the application is to be in the name of an individual; or the certificate of business registration as well as driver's licence details if in a business name.

Please Note If the individual/business or company have been established previously, only a drivers licence/ letter of authorisation is required.

Individual

Business

Company

ABN/ACN

Privacy Statement

The Registrar of Motor Vehicles is required to collect information for registrations, licences and permits under section 92 of the *Motor Vehicles Act*. The Registrar adheres to the Department's Privacy Statement and the *Information Act*. Further information on privacy can be found at www.nt.gov.au/dlp

Office Use Only

Evidence of Identity - Category A _____

Evidence of Residency _____

Evidence of Identity - Category B _____

Signature Checked

User ID _____