



Australian Government

Department of Health, Disability and Ageing  
Office of Drug Control

This form, when completed, will be classified as  
'For official use only'.

## Application to change licensed company details

Substances controlled under Regulation 5 of the [Customs \(Prohibited Imports\) Regulations 1956](#) and Regulation 10 of the [Customs \(Prohibited Exports\) Regulations 1958](#).

1. Licence details		
Licence holder name:	Current <b>import</b> licence number:	
Company name:	Current <b>export</b> licence number:	
Company ABN/ACN:		
2. Change of company details		
A copy of the updated Schedule 4 and/or Schedule 8 state/territory health licence <b>MUST</b> be included		
Previous company <u>name</u> :	New company <u>name</u> :	
Previous company <u>address</u> :	New company <u>address</u> :	
Details of S4/S8 Licence:	S4/S8 Licence Number:	S4/S8 Licence Expiry Date:
3. Declaration and consent		
I declare that to the best of my knowledge all the information in this application is true, correct and complete. I am aware that giving false or misleading information is a serious offence—see Division 136 and 137 of the <i>Criminal Code Act 1995</i> .		
I understand that it is standard practice for the Narcotics Control Section to provide any or all of the contents of this application, including personal information as defined in the <i>Privacy Act 1988</i> , to law enforcement agencies and regulatory agencies in the Commonwealth, States and Territories as necessary, in order to ensure laws and regulations are being complied with. I consent to all such disclosures and associated exchanges of information, including specifically personal information about me.		
Signature of licence holder:	Date:	
	Position:	
	Email:	
Name:	Telephone:	