



Application to vary licence details

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

To assist in the completion of this form, [guidance](#) is available on the ODC website

1. Licence details	
Licence holders name:	Licence number:
	Importer / Exporter ID number:

2. Licence variation details (tick box next to the change required)		
	Previous company details	New company details
<input type="checkbox"/>	Company name:	Company name: <input type="checkbox"/> Attached: Australian Securities and Investments Commission (ASIC) 'certificate of registered business name' <input type="checkbox"/> Attached: state or territory licence(s) that reflect the name change
<input type="checkbox"/>	Company address:	Company address: <input type="checkbox"/> Attached: state or territory licence(s) that reflect the name change
<input type="checkbox"/>	Postal address:	Postal address:
	Contact details	Contact details
<input type="checkbox"/>	Phone:	Phone:
<input type="checkbox"/>	Fax:	Fax:
<input type="checkbox"/>	Email:	Email:
<input type="checkbox"/>	Other:	Other:

3. Declaration and consent	
<p>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>.</p> <p>I understand that it is standard practice for the Drug 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.</p>	
Signature of licence holder:	Name:
	Position:
Date:	Email:
Telephone:	Facsimile: