

# Darwin International Airport BUSINESS REGISTRATION FORM-S001

This form is to be used when registering a new business with the ASIC and Access Control Department. All businesses must be registered with the department before employees of the company are authorised to submit any ASIC or Access applications.

To be completed in BLOCK CAPITALS only please.

## SECTION A – DOCUMENTATION

In order to register your business with us you are required to attach a photocopy of your Business Registration Certificate. Alternatively, if you are a Sole trader then evidence of your ABN registration must be attached. If you are contracted to work for other companies based at the airport we may ask you for evidence of this in the form of supporting letters from the contracting companies.

## SECTION B – BUSINESS DETAILS

Company Name: \_\_\_\_\_

Current **Business** Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Current **Postal** Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you contracted to work for another company based at the airport?  
 **YES\*** Please state which company \_\_\_\_\_  
 **NO** \*Note: Supporting documentation may be required.

Description of Business: \_\_\_\_\_

Areas of Airport where access may be required and why: \_\_\_\_\_

### PLEASE NOTE:

- All signatures must be originals

**SECTION C – CONTACT DETAILS**

Please note that the persons listed here may be contacted for all security related matters, including non-returned ASICs / Access Cards and all Security Breaches. At least one of the below contacts must be based in the Northern Territory, and at least one of the below contacts must be included on the authorised signatory list in Section D.

**Primary Contact Name:**  
*(Mandatory)*

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Position: \_\_\_\_\_

Contact Numbers: Office \_\_\_\_\_ Mobile \_\_\_\_\_  
Fax \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current **Postal** Address: \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

**Secondary Contact Name:**  
*(Mandatory)*

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Position: \_\_\_\_\_

Contact Numbers: Office \_\_\_\_\_ Mobile \_\_\_\_\_  
Fax \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current **Postal** Address: \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

**Additional Contact Name:**  
*(Optional)*

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Position: \_\_\_\_\_

Contact Numbers: Office \_\_\_\_\_ Mobile \_\_\_\_\_  
Fax \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current **Postal** Address: \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

**SECTION D – AUTHORISED SIGNATORIES**

The persons listed below will become authorised signatories for the business named in Section B for all security related forms. To add or remove persons from the below list once your business has been registered we will require a letter from an existing authorised signatory detailing the changes to be made, and showing signatures of any new persons that are to be added.

Authorised Signatory Name: \_\_\_\_\_  
Title                      Given Name                      Surname

Position: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Authorised Signatory Name: \_\_\_\_\_  
Title                      Given Name                      Surname

Position: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Authorised Signatory Name: \_\_\_\_\_  
Title                      Given Name                      Surname

Position: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Authorised Signatory Name: \_\_\_\_\_  
Title                      Given Name                      Surname

Position: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Authorised Signatory Name: \_\_\_\_\_  
Title                      Given Name                      Surname

Position: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_