

# Insurance Duty application for registration as a general insurer

To: The Commissioner of State Revenue  
Returns Assessing  
State Revenue Office  
GPO Box 1641N  
MELBOURNE VIC 3001

I/We,  Company or person(s) full name  ACN

ABN

of  Full address of Victorian head office  
  
 State  Postcode

Victorian postal address (if different from above)  
  
 State  Postcode

being a **general insurer** within the meaning of section 184 of the *Duties Act 2000* (the Act)  
hereby apply for registration under section 186 of the Act, effective from

## AUTHORISED PERSON(S)

The following person(s) are authorised to verify the returns lodged under section 190 of the said Act:

Full given and surname	Position	Specimen signature
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**CERTIFICATION**

The information disclosed in this document is true and correct.

Signed for and on behalf of the applicant on    

D	D

M	M

Y	Y	Y	Y

Signature of proprietor/partner/company secretary (or other responsible person)

\_\_\_\_\_

Name

\_\_\_\_\_

Company name

\_\_\_\_\_

Position

\_\_\_\_\_

ACN

\_\_\_\_\_

Telephone number

(    ) \_\_\_\_\_

Facsimile number

(    ) \_\_\_\_\_

**By correspondence**  
State Revenue Office, GPO Box 1641N, MELBOURNE VIC 3001  
**In person**  
State Revenue Office, Level 2, 121 Exhibition Street, Melbourne

**Internet**    [www.sro.vic.gov.au](http://www.sro.vic.gov.au)  
**Email**        [sro@sro.vic.gov.au](mailto:sro@sro.vic.gov.au)  
**Telephone**    13 2161  
**Facsimile**    03 9628 0899



# Privacy Statement

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