

# Insurance Duty application for registration as an approved life 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 **life insurer** within the meaning of section 202 of the *Duties Act 2000* (the Act) hereby apply for registration under section 203 (1) of the Act,  
effective from          
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## AUTHORISED PERSON(S)

The following person(s) are authorised to verify the returns lodged under section 207 of the said Act:

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| <input type="text"/> Full given and surname | <input type="text"/> Position | <input type="text"/> 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 

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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)

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**Telephone**

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# Privacy Statement

All information collected by the SRO is protected by secrecy provisions in Acts administered by the SRO and in addition, personal information you provide to the SRO is protected by the *Information Privacy Act 2000*. Any information collected from you is only used for the purposes of the Acts administered by the SRO. Information (including personal information) is not disclosed to third parties unless authorised by law, or with your consent.