

# Registration Form for Approved Agent

**Note:** Wherever an \* (asterisk) appears delete whichever is not applicable.

I/We \* being a person/firm/partnership/company \* carrying on business as a livestock agent, apply to be registered as an approved agent for the purpose of Chapter 10 of the *Duties Act 2000* and part 6 of the *Livestock Disease Control Act 1994*.

## REGISTRANT DETAILS

Full name or names of the applicant (including in the case of a firm, the names of all partners)

Full trading or business name of company, firm or partnership

ABN (must be provided if applicable)

ACN (must be provided if applicable)

Telephone number

Email address

Facsimile number

Victorian postal address (state the PO Box number if available)

State

Postcode

**OR**

If the applicant has no Victorian address, the postal address of my/our\* principal place of business

State

Postcode

The physical location of the Victorian Head Office (street names and numbers, not PO Box number)

State

Postcode

The physical location of all branches or other places in Victoria where the applicant carries on or proposes to carry on business as a stock agent

State

Postcode

State

Postcode

State

Postcode

State

Postcode

State

Postcode

Please note that the **Cattle Compensation** and the **Sheep & Goat Compensation** are maintained and administered as discrete funds. Because of this, separate collections are required on separate return forms.

To avoid the issuing of unnecessary return forms please advise, by ticking the appropriate box below, whether your business will be dealing exclusively with **cattle** or with **sheep and goats**, or whether you will be collecting Duty for both.

Cattle

Sheep and goats

Cattle and sheep and goats

## DECLARATION

Note: The provisions of section 95(4) of the Livestock Disease Control Act 1994, require approved agents to maintain and keep available for inspection, all books, records, and working papers relevant to the calculation of Duty.

Full name of signatory

\_\_\_\_\_

Date

\_\_\_\_\_  
DD

\_\_\_\_\_  
MM

\_\_\_\_\_  
YYYY

### Signed, for and on behalf of the applicant

Signature of applicant (or partner, proprietor, company secretary or agent)

\_\_\_\_\_

Name

\_\_\_\_\_

Telephone number

\_\_\_\_\_

Facsimile number

\_\_\_\_\_

### By correspondence

State Revenue Office, GPO Box 4376, MELBOURNE VIC 3001  
or DX 220090 Melbourne

### 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