



FIRE ALARM MONITORING SERVICES

[9.4] FORM C2.1

APPLICATION TO DFES FOR CHANGE IN DBA DETAILS

THIS FORM HEREBY ADVISES DFES THAT A CHANGE IS BEING MADE TO THE DBA PREMISES LISTED BELOW. TO PREVENT DELAYS TO PROCESSING PLEASE ENSURE THE MANDATORY SECTIONS ON THIS FORM ARE FILLED OUT AND THAT THE FORM IS SIGNED AND DATED.

1. CURRENT DETAILS OF PREMISES (MANDATORY SECTION)

DBA NUMBER (IF KNOWN):			
NAME OF BUILDING:			
STREET/LOT NUMBER:			
STREET NAME:			
SUBURB:		POST CODE:	

2. FORMER DETAILS OF PREMISES (IF DIFFERENT TO CURRENT DETAILS & NOTIFYING OF SITE NAME CHANGE)

FORMER BUILDING NAME:			
STREET/LOT NUMBER:			
STREET NAME:			
SUBURB:		POST CODE:	
FOR STREET NUMBER/ NAME CHANGE PLEASE PROVIDE REASON FOR CHANGE:			

3.1 FOR CHANGES IN OWNERSHIP (IF APPLICABLE)

OLD COMPANY NAME:			
NEW COMPANY NAME:			
NEW OWNER NAME:			
NEW OWNER EMAIL:			
ABN / ACN FOR NEW OWNERSHIPS:			
DATE OF OWNERSHIP TRANSFER:			
INVOICE REFERENCE / PO#:			

PLEASE NOTE:
ANNUAL MONITORING FEES WILL BE CALCULATED AND TRANSFERRED PRO RATA TO THE NEW OWNER EFFECTIVE FROM THE DATE THIS FORM IS RECEIVED COMPLETED CORRECTLY.

3.2 FOR CHANGES IN BILLING DETAILS (IF APPLICABLE)

NEW BILLING ADDRESS:			
SUBURB:		POST CODE:	
BILLING CONTACT NAME:			
BILLING CONTACT PHONE:		MOBILE:	
BILLING EMAIL:			
ABN/ ACN FOR NEW OWNERSHIPS:			
INVOICE REFERENCE/ PO#:			
DATE OF CHANGE OF BILLER:			

PLEASE NOTE:
ANNUAL MONITORING FEES WILL BE CALCULATED AND TRANSFERRED PRO RATA TO THE NEW OWNER EFFECTIVE FROM THE DATE THIS FORM IS RECEIVED COMPLETED CORRECTLY.

4. BUSINESS HOURS NOMINATED CONTACT (REQUIRED)

NAME:			
POSITION:			
PHONE:		FAX:	
MOBILE:			
EMAIL:			

5. AFTER HOURS NOMINATED CONTACT 1 (REQUIRED)

NAME:			
POSITION:			
PHONE:		FAX:	
MOBILE:			
EMAIL:			

6. AFTER HOURS NOMINATED CONTACT 2 (REQUIRED)

NAME:			
POSITION:			
PHONE:		FAX:	
MOBILE:			
EMAIL:			

7. AFTER HOURS NOMINATED CONTACT 3 (OPTIONAL)

NAME:			
POSITION:			
PHONE:		FAX:	
MOBILE:			
EMAIL:			

8. APPLICANT'S DECLARATION (PLEASE PRINT CLEARLY AND USE BLOCK LETTERS)

SIGNATURE OF AUTHORISED APPLICANT:	
NAME OF AUTHORISED APPLICANT:	
POSITION OF AUTHORISED APPLICANT:	
COMPANY/ BUSINESS NAME:	
APPLICANTS EMAIL:	
APPLICANTS PHONE:	
DATE:	