**Request Type (tick one)**

|  |  |
| --- | --- |
| **New Registration** |  |
| **Change of Company/Contact Details** |  |

**Company Details**

|  |  |
| --- | --- |
| **Company (Legal) Name** |  |
| **ACN/ABN** |  |
| **Address** |  |
| **URL of Home Page** |  |

**Other Relevant Business Names**

|  |  |
| --- | --- |
| **Business Name** |  |
| **URL of Home Page** |  |
| **Business Name** |  |
| **URL of Home Page** |  |
| **Business Name** |  |
| **URL of Home Page** |  |
| **Business Name** |  |
| **URL of Home Page** |  |

**Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Telephone Number** |  |
| **Address** |  |
| **Email Address** |  |

**Alternate Contact (if applicable)**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Telephone Number** |  |
| **Address** |  |
| **Email Address** |  |

|  |
| --- |
| I acknowledge that Communications Alliance may use this information to contact me in order to facilitate the performance of its functions in its role in the development, review and amendment of the Telecommunications Consumer Protections Code and related instruments.  I acknowledge that this information may be shared with regulatory/Government agencies on request and when approved by the Communications Alliance Board.  Do you consent to receiving updates and communications from Communication Alliance? Yes/No  ………………………………………………………………………. Date:…………………………  Signature of the Authorised Company Representative |