



Request for review of decision

When completing this form

- Answer all questions, otherwise we may need to contact you for more information.
- Print clearly, using a black or dark blue pen only.
- Use BLOCK LETTERS and print one character in each box.
- Place an **X** in all applicable boxes.
- Do not use correction fluid or covering stickers.
- Make sure you read the privacy statement and sign the declaration at the end of the form.

Penalties apply for providing false or misleading information.

For more information about director ID:

- visit abrs.gov.au/directorID
- phone **13 62 50** between 8:00am and 6:00pm, Monday to Friday
- phone **+61 2 6216 3440** if you're overseas.

Section A: Your details

1 Name

Family name

First given name

Other given names

2 Business hours phone number (include country code)

3 Mobile phone number (include country code)

4 Email address

We generally don't correspond with clients via email as it is not a secure channel. If you choose to transmit information to us via the internet (such as by ordinary encrypted email), there may be risks associated with doing this.

I would like to use email to communicate and I understand the risks associated with doing this.

Would you like us to provide the decision by email if we are able to do so?

Yes No

5 Address for the outcome of the review and related correspondence

This can be a street or PO box. We will use this address for correspondence relating to the review. It will not affect the addresses you have provided for other correspondence from us.

Street address

Suburb/town/locality

State/territory

(Australia only)

Postcode

(Australia only)


Country if outside Australia

6 Do you have a tax file number (TFN)?

No

Yes

Provide your TFN

 It is not an offence if you do not provide your TFN. However, providing your TFN will help us verify your identity.

7 Director identification number (director ID) (Leave this blank if you do not have one.)

Section B: Review details

8 What decision do you want reviewed?

Refusing to give you a director ID

Refusing an extension of time to apply for your director ID

Cancelling your director ID

Directing you to apply for a director ID

Other

9 Tell us why you think our decision is not correct

Clearly explain why you believe the decision is incorrect. Provide all facts and arguments to support your reasons and include any research or analysis you have considered (such as legislation or case law).

If you provide supporting evidence and documentation with your request, this will speed up your review. If you run out of space on the form, you can continue your answer on a separate A4 page and attach it to the form.

Section C: Declaration

Privacy

The Registrar of the Australian Business Registry Services (ABRS) is legally authorised to collect information, including personal information, about the person who signed the declaration. For information about your privacy go to abrs.gov.au/privacy

Declaration

I declare that the information contained in this request, and in any attached documents, is true and correct.

Signature

You MUST SIGN here

Date

Day			/	Month			/	Year			
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How to lodge your form

- 1 Make a copy of this form for your own records.
- 2 Send the original form and any attachments you may have to:

Australian Business Registry Services
Locked Bag 6000
ALBURY NSW 2640
Australia