

# APPLICATION FOR TRANSFER OF EXISTING REGISTRATION



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Name <i>(full name, company name if applicable)</i>	
Postal address	
Postcode	
Name of contact person	Daytime contact telephone no
Email address	Trading hours
Premise situated at	
Previous name of business	
Proposed new name of business	
Comments <i>(if required)</i>	
Signature	Date of application

**Privacy statement:** The council may hold, use and disclose personal information you have provided:

- to communicate with you for council purposes;
- to tell you about products and services it believes may be of interest to you; and
- to enable it to maintain its records and carry out its statutory functions.

You have the right under the Privacy Act 1993 to access, and have corrected, information held by the council, which is at 30 Laings Road, Lower Hutt 5040 – telephone 570 6666.

<b>OFFICE USE ONLY:</b>		Fee	_____
1. SAO _____	Date _____	Receipt no.	_____
2. TWO _____	Date _____	Date	_____