



Application to Change the Register of Political Parties

To be completed by the party's Registered Officer or Secretary

Inquiries and lodgements

Please direct all inquiries and lodgements to the Funding and Disclosure Unit by:

Email: fad@ecq.qld.gov.au

Post: GPO Box 1393

Telephone: 1300 881 665

BRISBANE QLD 4001

Change requested (complete Part A and all other relevant parts of the form)

Part A must be completed. Please tick all other relevant parts.

Part A – Party details (mandatory)

Part B - Change registered name of the party

Part C - Change the party's registered abbreviation

Part D - Register an abbreviation

Part E - Change the Registered Officer's address

Part F - Change the Registered Officer (must be made by the party's Secretary)

PART A

Party details

Name of party

Postal address

(party related correspondence)

Phone

Facsimile

(if applicable)

Email

Website

Office use only

Received _____ Acknowledged _____ Date scanned _____

PART B

Change registered name of the party

I hereby apply to have the registered name of the party changed from the current name to the proposed name.

Current name

Proposed name

Signature of Registered Officer

Date / /

PART C

Change the party's registered abbreviation

I hereby apply to have the registered abbreviation of the party changed from the current abbreviation to the proposed abbreviation.

Current abbreviation

Proposed abbreviation

Signature of Registered Officer

Date / /

PART D

Register an abbreviation

I hereby apply to have the following abbreviation of the party's registered name entered into the Register of Political Parties.

Proposed abbreviation

Signature of Registered Officer

Date / /

PART E

Change Registered Officer's address

I hereby apply to have my address for party related correspondence changed to the following:

Postal address

(party related correspondence)

Phone

Facsimile

(if applicable)

Email

Other contact detail
(please specify)

Date / /

Signature of Registered Officer

PART F

Change the Registered Officer

I hereby apply to have the name of the Registered Officer of the party changed to:

**Name of proposed
Registered Officer**

Postal address
(for correspondence)

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Phone

Facsimile
(if applicable)

Email

**Signature of proposed
Registered Officer**

Date / /

Name of Secretary

Signature of Secretary

Date / /