

Amendment – change of legal name or change of legal name and ABN

This form has been developed to notify the Department of Youth Justice, Employment, Small Business and Training or Australian Apprenticeship Support Network (AASN) provider of any of the following changes to a business which employs an apprentice or trainee:

- change of legal name
- change of legal name and ABN
- change of trust
- change of trustee name.

How to return this form

Please return the completed form to **Apprenticeship Support Australia** at info@apprenticeshipsupport.com.au

IMPORTANT: Failure to complete all details on this form may delay processing of this transaction.

EMPLOYER DETAILS PRIOR TO CHANGE			
Legal name:		ABN:	
Email:			
Signature:		Date:	

Please complete EITHER Section A or B:

A: DETAILS OF NEW LEGAL NAME			
Legal name:			
Only complete the following where details have changed.			
Email:			
Trading name:			
Business address:			
Workplace address:			
Postal address:			
Contact person:		Phone number:	
Name of authorised person signing for employer:			
Signature:		Date:	
B: DETAILS OF NEW LEGAL NAME AND ABN			
Legal name:		ABN:	
Email:		Date of effect:	
Trading name:			
Business address:			
Workplace address:			
Postal address:			
Contact person:		Phone number:	
Name of authorised person signing for employer:			
Signature:		Date:	

APPRENTICE OR TRAINEE DETAILS (Ensure details of ALL current registered training contracts are included)		
Note: To ensure all current training contracts reflect the change of legal name and ABN, please include details of all current registered training contracts. Additional apprentices and trainees that do not fit on this form can be shown on an attached document.		
Apprentice or trainee name:		
Training contract registration number:		(This 9 digit number starting with 20 appears on all documentation from the department or your AASN provider.)
Email:		
Apprentice or trainee name:		
Training contract registration number:		(This 9 digit number starting with 20 appears on all documentation from the department or your AASN provider.)
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