



ACCESS CLAIM: APPLICATION FOR RENEWAL

USE THIS FORM To apply to renew an access claim that is currently registered

Section A: Claim details

List the access claim/s to be renewed and their location.

Holder name/s and percentage share

				ⓘ Multiple claims may be listed.
1.			%	Attach additional information as necessary.
2.			%	

Section B: Contact information

Contact name

Position

Email

Postal address line 1

Postal address line 2

Suburb/Locality

Telephone

				ⓘ Contact person must be nominated for any queries.
		State	Postcode	
	Fax			

Section C: Payment details

Fee

Payment Method

Card Number

Expiry MM/YYYY

Cardholder Name

Cardholder Signature

Access claim – application for renewal	\$		ⓘ Refer to the current fee schedule for the applicable fee. Fee applies per claim.
<input type="checkbox"/> Cash - in person only. Do not post. <input type="checkbox"/> Cheque - made out to 'DSD' <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card - DSD to contact applicant for card details <input type="checkbox"/> Credit Card - details below - Visa / MasterCard (circle one)	OFFICE USE ONLY RECEIPT		
			CVV Code is the last 3 digits printed in the signature block on the back of the credit card.
	CVV Security Code		

Section D: Certification that renewal is complete and correct

Print Name

Role

Date Signed

Signature

	COMPANY REPRESENTATIVE OR INDIVIDUAL		COMPANY REPRESENTATIVE OR INDIVIDUAL'S WITNESS		ⓘ COMPANY: must be signed by appropriate representative/s. INDIVIDUAL: witness certifies that the individual named above is the person whose signature appears here.
1.			2.		
1.			2.		
1.			2.		
1.			2.		
Applications in an individual's name must be witnessed by a person who is not a beneficiary of the application (e.g. not a joint applicant).					