



# Application to register an associated entity and appoint a reporting agent

## Who should complete this form

The associated entity and the reporting agent (if applicable) appointed by the associated entity.

*This form is fillable. Tab through to complete.*

### Checklist

**Part A and B** completed by the associated entity  **Part C** completed by the reporting agent

### Part A

#### Associated entity details

To be completed by the authorised signatory of the associated entity

Full name of associated entity

Entity business number (ABN/CAN/other)

Registered address of associated entity

Suburb

State/Territory

Postcode

Postal address (if different to above)

Mobile

Telephone (landline)

Email

Name of authorised person

Signature of authorised person

(Note: electronic signatures are not accepted)

Date

Please list the name/s of the registered political party/s that controls the entity or benefits from it.

Registered political party

Signature of reporting agent of registered party

Registered political party

Signature of reporting agent of registered party

Registered political party

Signature of reporting agent of registered party

Registered political party

Signature of reporting agent of registered party

## Part B

### Reporting agent appointment

The associated entity (named in Part A) appoints the reporting agent below.

**Note:** If a reporting agent is not appointed, the authorised person of the associated entity named in part A is taken to be the reporting agent (don't forget to complete part C).

Title	Given name/s	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Occupation		
<input type="text"/>	<input type="text"/>		
Residential address	Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different to above)			
<input type="text"/>			
Mobile	Telephone (landline)	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature of reporting agent (Note: electronic signatures are not accepted)			Date
<input type="text"/>			<input type="text"/>

## Part C

### Reporting agent acceptance

To be completed by the reporting agent

I,  (name of reporting agent)

accept the appointment as reporting agent for the associated entity listed in part A.

I certify that I:

- am aged 18 years or older
- have not been convicted of an offence under the disclosure provisions of the [Electoral Act 2004](#)
- consent to the appointment as returning agent for the associated entity listed in part A.

Signature of reporting agent

(Note: electronic signatures are not accepted)

<input type="text"/>	Date
<input type="text"/>	<input type="text"/>

## Northern Territory Electoral Commission



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1800 698 683



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### NTEC use only

Registration number	Date received	Processed by	File number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>