



# ASSOCIATED ENTITY

## Annual Return \_\_\_\_\_

(Insert Financial Year)

Refer to the *Disclosure Handbook for Associated Entities* at [www.ntec.nt.gov.au](http://www.ntec.nt.gov.au) before completing this return

**The deadline for lodging this return is 16 weeks after the end of the financial year**

### 1 ASSOCIATED ENTITY DETAILS

Name of Entity	
Postal Address	

### 2 FINANCIAL CONTROLLER DETAILS

Name		
Capacity or Position with the Associated Entity		
Postal Address		
Tel no. (BH)	Facsimile no.	E-mail address

### 3 CERTIFICATION

**I certify that the information in this return and its attachments is true and complete**

Agent's Signature .....	Date ...../...../.....
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<b>Address enquiries and returns to:</b> Northern Territory Electoral Commission GPO Box 2419 DARWIN NT 0801  Telephone: 08 8999 5000 and <b>1800 MYVOTE</b> Facsimile: 08 8999 7630 E-mail: <a href="mailto:ntec@nt.gov.au">ntec@nt.gov.au</a>	<b>NTEC use only</b> Amendment No.  Date received  Registration No.
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