



National Police Check Application – Company Check

Company Name:	ABN/ACN:
Trading Name:	
Company Registered Address:	
Company Postal Address:	
Contact Telephone:	Contact Email:

Declaration (Note: please ensure that the required details under this part are completed)

(i)	("The Company") consents to <i>(Person applying),</i> <i>(position held in company)</i> forwarding this form to the AFP, the Australian Criminal Intelligence Commission (ACIC), the relevant Police Services of the States and/or Territories of the Commonwealth of Australia and/or any other court or regulator deemed necessary and providing relevant information to the nominated person for the purpose of enabling the company to seek the entitlement for which the company requires this check.				
(ii)	A National Police Check (Company Check) is required to satisfy a legislative / regulatory requirement under <i>(Government</i> <i>(Section/Act)</i> as required by <i>Department/Agency).</i>				
(iii)	The company consents to the AFP, other relevant Australian Police Forces, courts and or regulatory agencies or Departments extracting from their records details of criminal records relating to the company or any criminal charges pending before a Court, and/or details of convictions or findings of guilt which have been recorded against the company.				
(iv)	The company acknowledges that any information provided by the applicant on this form or by the police as a result of the records check may be taken into account assessing the company's suitability to receive registration/entitlement.				
(v)	I understand that information provided as a part of the requested check is supplied on the basis of court outcome information provided to the AFP and further understand that this information may be incomplete should any court and/or regulatory agency have failed to supply information where a company was found guilty of any offence.				
(vi)	I have proved my identity by suppling copies of my personal identification totalling 100 points.				
(vii)	I have attached a letter from _____ on their official letterhead authorising me to request information on their behalf.				
(viii)	I certify that the information provided is true and correct and if I seek information to which I am not entitled I may be liable for prosecution.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Signature of applicant</td> <td style="width: 33%; border: none;">Printed Name of signatory</td> <td style="width: 33%; border: none;">Date of application</td> </tr> </table>			Signature of applicant	Printed Name of signatory	Date of application
Signature of applicant	Printed Name of signatory	Date of application			

Payment Details

<input type="checkbox"/> Credit Card/Debit Card (please complete details below)	
Cardholder's Name:	Credit Card Number:
Expiry Date (MM/YY)	CVC Number:
I authorise the AFP or their agent to process the relevant application amount from the above credit card account. (NB: The amount to be deducted is as per the fee notified on the AFP website and includes a surcharge where payment is by credit card.) Signature of authorised cardholder Date	OFFICE USE ONLY
	Payment confirmation number:
	Amount processed:
	Date processed:
<input type="checkbox"/> Card declined	