

**APPLICATION FOR NOTATION OF A SECURITY INTEREST
ON THE REGISTER**

This Form is to be used to apply for the notation of a security interest on an Authorization on the Register.

The holder of the authorisation must sign this Application.

The Application is to be lodged with the Registrar at the address indicated on page 3.

Application Fee

The Prescribed Application Fee must accompany this application

Note: Application Fees are set out in *Fish Resources Management Regulations 1995*, Schedule 1, Part 2. Fees may be subject to change.

Note:

Applicants should be aware that the details disclosed in this Application will be recorded on the Register and be available for public search.

Lodging parties who wish to lodge applications 'over the counter' should do so by prior appointment only at:-

Department of Fisheries
Gordon Stephenson House
Level 2/140 William Street
PERTH WA 6000
Phone: (08) 6551 4444

Instructions for Completing this Application

Only the holder of an Authorisation may apply to the Registrar to have a security interest noted on an Authorisation.

Please type or use block letters when completing this Application.

PART A

1. **Authorisation Holder** - Specify the full name, business address and postal address of the authorisation holder. If more than one holder, enter each holder's name.

If the authorisation holder is a corporation print the Australian Company Number ('ACN') of the Corporation. Specify the business hours telephone and facsimile numbers.

2. **Description of Authorisations affected** - Specify the nature of the Authorisation and number - e.g. "West Coast Rock Lobster Managed Fishery Licence Number 9999" or "Fishing Boat Licence Number 9999".

PART B

3. **Name and address of holder of interest** - State the name and address of the holder of the security interest - (i.e. Bank or other lender).

Enter the security interest holder's contact officer's title, telephone, facsimile and 'E'mail as relevant.

4. **Description of security** - State a general description of the security interest - e.g. "Fixed charge", "Fixed and floating charge" or "Mortgage". Description need be no more than what is sufficient to disclose that the interest claimed is a 'security interest'.

Note that

1. **Section 129 of the Act provides that the Registrar is "not to be concerned with" the nature of any security interest.**
2. **Notation on the Register does not give the security interest any force that it would not otherwise have.**
5. **Date of creation** - State the date on which the security interest was created.
6. **Limit** - If the security is to secure a sum with an upper limit, state the maximum amount for which the security may be called upon.
If the upper limit of the security is increased post notation a variation notice may be lodged.
7. **Declaration** - There are penalties under the *Fish Resources Management Act 1994* for making false or misleading statements in an application.
8. **Execution of application**

Signatures – All the persons recorded on the register as being holders of the authorisation must sign and date the application form. An Executor may only apply if already recorded as Executor on the relevant authorisation. A copy of the Grant of Probate must be lodged with the application form (unless previously provided).

Corporations – The company must properly execute the form. A copy of the register of the directors/officers (names and address) together with a copy of that part of the constitution governing the use of the seal (if any) **must be provided** with the form. Where the form is executed by a sole director/secretary the relevant declaration under section 129 of the Corporations Law must be made.

Attorney - If the authorisation holder has appointed an Attorney, the Attorney signing may be requested to produce the relevant Power of Attorney instrument for viewing and a copy for recording.

9. **Lodging Party** - Name, address and contact numbers may be included

Department of Fisheries
Locked Bag 39
Cloisters Square Post Office
PERTH WA 6850
In person by prior appointment
Gordon Stephenson House
Level 2/140 William Street
PERTH WA 6000
Phone: (08) 6551 4444

Register access at
Fremantle District Office
14 Capo D'Orlando Drive
SOUTH FREMANTLE WA 6162

Office Use Only	
Date Received	
Fee Paid	
Receipt No.	

Fish Resources Management Act 1994

APPLICATION FOR NOTATION OF A SECURITY INTEREST ON THE REGISTER

Section 127

To the Registrar
Department of Fisheries

The holder of the authorisation(s) in Part A, in accordance with Section 126 of the *Fish Resources Management Act*, hereby applies to have details of the security interest(s) set out in Part B noted.

PART A

1. Authorisation Holder:

Name(s):

Business Address:

Postal Address:

ACN: ☎ : Fax:

2. Authorisations affected:

Authorisation Nature:

Authorisation Number:

Expiry Date:

Authorisation Nature:

Authorisation Number:

Expiry Date:

Authorisation Nature:

Authorisation Number:

Expiry Date:

Authorisation Nature:

Authorisation Number:

Expiry Date:

Note: Details of the security interest recorded as a result of this Application will be available to persons searching the Public Register.

PART B

Details of Security Interest

- 3. Name of holder of interest
.....
Business Address
.....
Contact Officer or Position/Capacity
(Daytime) ☎: Fax: 'E'mail
- 4. Description of Security:
- 5. Date of Creation:
- 6. Limit :

7. Declaration

I declare that the statements made in this application form are true and correct.

I request that the Registrar advise the security holder specified in Part B that a notation has been recorded on the Register.

8. Execution of application

Individuals

..... (signature) (print name) (date)
..... (signature) (print name) (date)
..... (signature) (print name) (date)
..... (signature) (print name) (date)

Corporation

The Common Seal of the authorisation holder is hereunto affixed in accordance with the corporation's Constitution.



Director :
(signature) (print name) (date)

Director/Secretary:
(signature) (print name) (date)

Declaration where sole director/secretary (if applicable):

Attorney

Attorney under Power:
(signature) (print name) (date)

- 9. Lodged by
- Telephone: Facsimile: Email: