Australian Government
Department of Agriculture, Fisheries and Forestry

October 2025

Change in Legal Entity Application Form

Section A: General information

Purpose of this form	For current approved arrangement operators to change the following details: • ABN change only (no change to legal entity name and business structure). • Change to legal entity name only (no change to business structure, ABN, or company ACN) Do NOT use this form for: • Change of ownership - Buying or selling a business with an arrangement. • Change to ABN, Legal entity name and business structure. • Change to business name only (also known as trading name).
Before completing this form	Read the department's fit and proper person's guidance material, available on the department's website.
To complete this form	**Electronically** Save the form to your desktop or device. Open and complete the form using the latest version of Adobe Acrobat Reader. Do not work on the form in your web browser. Download the Adobe Acrobat Reader mobile app for your smartphone or tablet. **Manually** • Use black or blue pen. • Print in BLOCK LETTERS. • Mark boxes with a tick or a cross.
Your application must include	If relevant, documents associated with Section G: Fit and proper person test
Application fee	Learn more about fees and charges. You will be invoiced once assessment is completed.
To submit your form	Email aa.canberra@aff.gov.au
More information	Approved Arrangement Program Department of Agriculture, Fisheries and Forestry GPO Box 858 Canberra ACT 2601 Email aa.canberra@aff.gov.au Phone 1800 900 090 (within Australia) +61 3 8318 6700 (outside Australia) Web agriculture.gov.au/biosecurity-trade/import/arrival/arrangements

Section A: Approved arrangement details

1	**Approved arrangement number**		
2	**Approved arrangement name**		
3	**Is this site co-located with another Approved arrangement**		
4	**Physical address**		
	Room numbers	Floor/level	Building name
	Street number or unit number	Street name	
	Suburb/town/city	State	Postcode
5	**Intended date of the change***		
	D D M M Y Y Y Y		
	* The notice period for a proposed change of an approved arrangement must be a minimum of 15 business days, starting on the day on which the relevant delegate receives your request. Please nominate your intended date of the change, ensuring the date is at least 15 business days from the day you submit this request. We cannot accept this request if the date is less than 15 business days.		

Section B: Current business details

6	**Australian Company Number (ACN)**		
7	**Australian Business Number (ABN)**		
8	**Entity type (visit ABN lookup and enter your ABN)**		
9	**Legal entity name**		
10	**Business name (formerly trading name)**		
11	**Business email**		
12	**Business address**		
	Room numbers	Floor/level	Building name
	Street number or unit number	Street name	
	Suburb/town/city	State	Postcode

Section C: New business details

Indicate the change you intend to make.

☐**ABN change only**
☐**Change to legal entity name only**

Will this change result in a new approved arrangement manager?
☐**Yes**
☐**No**

13	**Australian Company Number (ACN)**		
14	**Australian Business Number (ABN)**		
15	**Entity type (visit ABN lookup and enter your ABN)**		
16	**Legal entity name**		
17	**Business name (formerly trading name)**		
18	**Business email**		
19	**Business address**		
	Room numbers	Floor/level	Building name
	Street number or unit number	Street name	
	Suburb/town/city	State	Postcode
20	**Do you agree to your approved arrangement details being published on the department's website?** ☐ No ☐ Yes		

Section D: Business contact details

21	**Declarant (authority to sign this application)**		
	Title	First name	Last name
	Job title		
	Work phone		Work mobile phone
	Work email address		
22	**Has the AA manager changed?** ☐ No		

	☐ Yes, provide details below		
	Title	First name	Last name
	Job title		
	Work phone		Work mobile phone
	Work email address		

23	**Have the site contact persons changed?** ☐ No ☐ Yes, provide details below. Attach a page to the application if there is more than one site contact.		
	Job title		
	Title	First name	Last name
	Work email address		
	Work phone		Work mobile phone
24	**Have the accredited persons changed?** ☐ No ☐ Yes, provide details below. Attach a page to the application if there is more than one site contact.		
	Title	First name	Last name
	Job title		
	Work phone		Work mobile phone
	Work email address		
25	**Have the biosecurity activities changed?** ☐ No ☐ Yes, provide details below		
26	**Detail changes to the biosecurity activities and/or any other changes to the approved arrangement**		

Section E: Fit and proper person test

Note - If the AA manager and/or ABN details (section C & D) have changed, the department will undertake a fit and proper person test.

27	**Have you, or any of the associates relevant to the operation of the proposed arrangement, been convicted of an offence against, or ordered to pay a pecuniary penalty under, any of the following Acts:** **a) *Biosecurity Act 2015*** **b) *Quarantine Act 1908*** **c) *Customs Act 1901*** **d) the Criminal Code or the *Crimes Act 1914*, to the extent that it relates to any Act referred to in this paragraph?** **Note:** Do not include any convictions older than 10 years if: • not sentenced to imprisonment, or • sentenced to imprisonment of no more than 30 months. ☐ No ☐ Yes, please attach details of the circumstances including details of the offence, dates and associated penalties.
28	**Is there a debt that is due and payable by you, or any of the associates relevant to the operation of the proposed arrangement, to the Commonwealth under:** **a) *Biosecurity Act 2015*** **b) *Quarantine Act 1908*** **c) *Customs Act 1901?*** ☐ No ☐ Yes, please attach details of the current debt including reason why it is overdue.
29	**Have you, or any of the associates relevant to the operation of the proposed arrangement, had a permit, compliance agreement, approval, arrangement or licence refused under:** **a) *Biosecurity Act 2015*** **b) *Quarantine Act 1908*** **c) *Customs Act 1901?*** ☐ No ☐ Yes, please attach details of the circumstances including details of the refusals, dates and associated reference numbers.
30	**Have you, or any of the associates relevant to the operation of the proposed arrangement, had a permit, compliance agreement, approval, arrangement or licence suspended, revoked or cancelled in part or in full under:** **a) *Biosecurity Act 2015*** **b) *Quarantine Act 1908*** **c) *Customs Act 1901?*** **Note:** Do not include any decision to vary, suspend, revoke or cancel that was set aside on review.

	☐ No ☐ Yes, please attach details of the circumstances including details of the suspensions, revocations or cancellations, dates and associated reference numbers.
31	**Are there any other matters relevant to whether you are a fit and proper person to carry out biosecurity activities to manage biosecurity risk?** ☐ No ☐ Yes, please attach details of the circumstances.

Section F: Declaration

To be submitted by the Declarant, listed in section D of this application.

Giving false or misleading information is a serious offence. You may be liable to a civil penalty for giving false and misleading information.

I declare that:

- I am the applicant/I am authorised to sign this declaration on behalf of the applicant.
- I have made reasonable enquiries in respect of the matters in this application.
- I have read and understood the privacy notice.

The information I have provided is true and correct to the best of my knowledge.

Signature	Date (dd/mm/yyyy)
Full name	

Section G: Privacy notice

'Personal information' means information or an opinion about an identified individual, or an individual who is reasonably identifiable. 'Personal information' that is collected under or in accordance with the *Biosecurity Act 2015* is also 'protected information' under the Biosecurity Act.

'Sensitive information' is a type of personal information and includes any information or opinion about an individual's racial or ethnic origin; political opinions; religious beliefs or affiliations; philosophical beliefs; sexual orientation or practices; membership of a political association, professional or trade association or union; or criminal record. It also includes health or genetic information about an individual and biometric information or templates.

The Department of Agriculture, Fisheries and Forestry collects your 'protected information' including personal and sensitive information in relation to this application under the *Biosecurity Act 2015* for the purposes of assessing your application and related purposes. If you fail to provide some or all of the relevant personal information requested in this application the department may be unable to process your application. Information collected by the department will only be used or disclosed as authorised under the *Biosecurity Act 2015.*

The department may disclose your personal information to other Australian government agencies including the Australian Customs and Border Protection Agency, and other persons or organisations where necessary for the above purposes, provided the disclosure is consistent with relevant laws, in particular the *Privacy Act 1988* (Cth). Your personal information will be handled in accordance with the Australian Privacy Principles and the *Biosecurity Act 2015* (Cth). It is unlikely to be disclosed overseas.

See the department's Privacy policy to learn more about accessing or correcting personal information or making a complaint. Alternatively, email the department at privacy@aff.gov.au.

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