



## LCL PACKING SCHEME

### REGISTRATION AND REQUEST FOR DETAILS FORM

#### 1. NAME OF OTHER PARTY TO THE COMPLIANCE AGREEMENT

BUSINESS ENTITY'S NAME:  BRANCH ID(S):	POSTAL ADDRESS:  PHYSICAL ADDRESS:
CONTACT NAME:	TELEPHONE NO: FASCIMILE NO: EMAIL ADDRESS:

#### 2. ARE THERE ANY SUBSIDIARIES OF THE PARENT COMPANY THAT WILL ALSO OPERATE UNDER THIS COMPLIANCE AGREEMENT? \*

Please provide details below.

NAME OF SUBSIDIARY COMPANY:  BRANCH ID(S):	PHYSICAL ADDRESS:
CONTACT NAME:	TELEPHONE NO: FASCIMILE NO: EMAIL ADDRESS:

NAME OF FURTHER SUBSIDIARY COMPANY:  BRANCH ID(S):	PHYSICAL ADDRESS:
CONTACT NAME:	TELEPHONE NO: FASCIMILE NO: EMAIL ADDRESS:

NAME OF FURTHER SUBSIDIARY COMPANY:  BRANCH ID(S):	PHYSICAL ADDRESS:
CONTACT NAME:	TELEPHONE NO: FASCIMILE NO: EMAIL ADDRESS:

\* Subsidiary companies may operate under a single Compliance Agreement with the parent company and may choose to participate in any other schemes that they may be eligible for.

**3. ACCREDITED PERSONS – HEAD OFFICE**

BRANCH ID(S): .....

NAMES OF ACCREDITED PERSONS (accredited under the LCL Packing Scheme)	ACCREDITATION NUMBER
1. ....	1. ....
2. ....	2. ....
3. ....	3. ....
4. ....	4. ....

**4. ACCREDITED PERSONS – SUBSIDIARIES**

BRANCH ID(S): .....

NAMES OF ACCREDITED PERSONS (accredited under the LCL Packing Scheme)	ACCREDITATION NUMBER
1. ....	1. ....
2. ....	2. ....
3. ....	3. ....
4. ....	4. ....

BRANCH ID(S): .....

NAMES OF ACCREDITED PERSONS (accredited under the LCL Packing Scheme)	ACCREDITATION NUMBER
1. ....	1. ....
2. ....	2. ....
3. ....	3. ....
4. ....	4. ....

BRANCH ID(S): .....

NAMES OF ACCREDITED PERSONS (accredited under the LCL Packing Scheme)	ACCREDITATION NUMBER
1. ....	1. ....
2. ....	2. ....
3. ....	3. ....
4. ....	4. ....

Print Name: .....

Signature: .....

Date: .....

Please return your completed registration form to:

**National Compliance Agreement Co-ordinator  
Industry Partnerships Unit  
AQIS Canberra  
GPO Box 858  
CANBERRA ACT 2601**