



Registered Organisation Change of Information

This form can be used to request for changes to be made to the information held by NSW Police, in relation to a Registered Organisation which has been granted access to the NSW Police Force National Police Check (NPC) Online Portal.

RRENT REGISTRATION DETAILS ase provide the details of the Registered Organisation, as it is currently registered with NSWPF Criminal Records.						
Please complete all mandatory (*) fields in this section Entity name*	on.	ABN*				
Business name*		Account No. (if known)				
Name of Authorised Representative (AR)*		Contact person for this application (if not AR)				
The Authorised Representative must approve, sign and date Section 10 of this form. SELECT YOUR CHANGES						
Change of business address	Go to 3.1	Change to NPC purpose, check types and payment method	Go to 6.1			
Change of business name	Go to 3.2	Update AR contact information / Replace AR	Go to 7.1			
Change of secure email address	Go to 4.1	Update Dashboard User contact information	Go to 8.1			
Change to Dashboard Users (transfer, add or remov	re licences) Go to 5.1	Update billing details	Go to 9.1			
CHANGE OF BUSINESS DETAILS						
Change of business address						
Please provide your previous and new business and/Old / previous NSW business address	or mailing addresses,	including Suburb, State and Postcode. New / current NSW business address				
Old / previous mailing address		New / current mailing address				
Old / previous NSW head office address		New / current NSW head office address				
Change of business name						
A business name can only be used when it is register the ASIC website (https://asic.gov.au). When a busine	ess name is registered e to this registrations'	ked to your ABN. More information about Business Names can be f I, a Certificate of Business Name Registration (BNR) is issued by A business name. When adding or replacing a business name, a Cer n.	SIC.			
Change of business name to replace one busine						
Current business name		New business name				
Add Remove a new business name to add or	remove a new busine	ess name				
Current business name		Add / remove a business name				



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Ymail) where data remains inaccessible to unauthorised third parties.	Name and a second			
Current secured email	New secured email			
NATIONAL POLICE CHECK PORTAL LICENCES				
licence is needed in order to access the NPC dashboard. Each licence will incur an annual fee of \$90 (plus GST), calculated pro-rata at \$7.50/month acquired mid-term.				
low many licences are currently held by your organisation? (enter "unknown" if not sure)				
icence options: (select all that apply)				
Transfer: Transfer access from one person to another person. No	additional costs. Complete 5.2			
Acquire: Increase the number of authorised Dashboard Users. Ar	nnual fee applies. Complete 5.3			
Remove: Remove a persons access. Licence can be reallocated la				
Will the new Dashboard User be replacing the Authorised Represent	tative?			
YES Do not complete this section. Proceed to section 7				
NO Complete the below. A completed Consent Form for the new Dash	nboard User must be included with this application.			
Current licence holder (full name)	New licence holder (full name)			
Current licence holder (full name)	New licence holder (full name)			
Current licence holder (full name)	New licence holder (full name)			
YES Do not complete this section. Proceed to section 7 NO Complete the below. A completed Consent Form for the new Dash	nboard User must be included with this application.			
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YES Do not complete this section. Proceed to section 7 NO Complete the below. A completed Consent Form for the new Dash New licence holder (full name) New licence holder (full name) New licence holder (full name) Does the licence belong to the Authorised Representative?	Position held within business Position held within business Position held within business Position held within business			
YES Do not complete this section. Proceed to section 7 NO Complete the below. A completed Consent Form for the new Dash New licence holder (full name) New licence holder (full name) New licence holder (full name) Does the licence belong to the Authorised Representative? YES Complete the below. Only access to the dashboard will be disable	Position held within business Position held within business Position held within business Position held within business			
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NO Complete the below. A completed Consent Form for the new Dash New licence holder (full name) New licence holder (full name) New licence holder (full name) Does the licence belong to the Authorised Representative? YES Complete the below. Only access to the dashboard will be disable NO Complete the below. Spare licences will remain available until 30 Licence holder (full name) Licence holder (full name) NATIONAL POLICE CHECK TYPES This section changes the purpose and types of NPC invitations your organism section changes the purpose and types of previous prevenuisite etc) Probity (to assist in determining suitability for a service or product, e.g.	Position held within business Reason for surrendering licence Reason for surrendering licence Reason for surrendering licence Standard-Name and date of birth (national police check using the applicants name and date of birth) Fingerprints-Standard check with fingerprints (only available to			



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6.2	Each national police check incurs a fee based on the type of check that is being undertaken. Changes to the payment method will take effect from the first day of the next calendar month. NPC Payment Method							
	Invoiced monthly (An itemised invoice will be issued with a 30 day credit term	vithout making payment)						
	Pay per check (The applicant must make a Visa / Mastercard payment before the application can be submitted)							
7	CONTACT INFORMATION - AUTHORISED REPRESENTATIVE (AF							
7.1	is section will update the contact information for the Authorised Representative (AR).							
	his will not update the secured email for the organisation (refer to section 4). Appoint a new AR to replace the current AR-Proceed to section 7.2							
	Update the contact information for the current AR – Proceed to section 7.3							
7.2	rlease provide the new ARs details below. A completed Consent Form for this person must be included with this application.							
	New AR Full Name	New AR contact number						
	New AR position within organisation New AR email address							
	New AR position within organisation	New An email address						
	pes the new AR need access to the NPC dashboard? (licence fee may apply) YES NO							
7.3	Please provide the updated contact information for the current Authorised							
	Full Name*	Date of birth*	Contact number*					
	Position held in organisation*	Contact email address (NPC portal log	rin)*					
	Detail the changes you want to make to the above on this occasion*							
	Change of email	Change of name						
	Change of contact number	Change of contact number						
	hange of other							
8	CONTACT INFORMATION - DASHBOARD USER							
	nis section will update the contact information for Dashboard Users.							
	s will not update the secured email for the organisation (refer to section 4)							
	DASHBOAF Full Name*		Contact number*					
	rut Name	Date of birth*	Contact number					
	Position held in organisation*	Contact email address (NPC portal login)*						
	Detail the changes you want to make to the above on this occasion*							
	Change of email	Change of name	inge of name					
	Change of contact number	Change of contact number						
	Change of other							



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DASHBOARD USER: 2						
Full Name*	Date of birth*	Contact number*				
Position held in organisation*	Contact email address (NPC portal login)*					
Detail the changes you want to make to the above on this occasion*						
Change of email	Change of name					
Change of contact number	Change of contact number					
Change of contact number	Change of contact number					
Change of other						
BILLING AND INVOICING INFORMATION						
1 This section will update your billing information with our office. The provided information will be used to prepare invoices and issue refunds.						
Please keep this information up-to-date to avoid unpaid invoices or unclair	med refund amounts being referred to	Revenue NSW.				
All fields are mandatory (*) in this section.						
Contact Person*	Contact number*					
Position held in organisation*	Contact email address*					
rosition neta in organisation	Contact email address					
Email address where invoices are sent to*						
DECLARATION						
I act in the capacity of the Authorised Representative for:						
and confirm that the information						
provided on this application form is accurate and complete. I approve of the requested changes to be made to our registration.						
Name						
Signature	Date					

To submit your completed form, please email it as a PDF attachment to CRRO@police.nsw.gov.au