



Application to register numbers on the Do Not Call Register

To register numbers on the Do Not Call Register please:

1. Complete the fields below.
2. Attach a copy of a bill or other supporting evidence for each number to verify the account holder for that number. (Note: For bills only the portion showing the name of the account holder and the number or number ranges needs to be provided.)
3. Return the form by post to:

Do Not Call Register
PO Box 42
North Melbourne VIC 3051

or by fax to: **1300 793 514**

Statement by account holder/nominee

- > I am the account holder for the numbers submitted to be registered, or the nominee of the account holder.
- > The numbers submitted are:
 - > used or maintained primarily for private or domestic purposes or
 - > used or maintained exclusively for transmitting and/or receiving faxes or
 - > used or maintained exclusively for use by a government body or
 - > an emergency services number.
- > I have attached a copy of a bill or other supporting evidence for each account associated with the numbers to be registered.
- > I understand that providing false or misleading information is a serious criminal offence.

I have read and agree with this statement.

Note: Telephone numbers (and fax numbers) must include the two-digit area code.

Where you require additional room, please attach another registration form.

	Write number or number ranges	Ph (✓)	Fax (✓)		Write number or number ranges	Ph (✓)	Fax (✓)		Write number or number ranges	Ph (✓)	Fax (✓)
1				8				15			
2				9				16			
3				10				17			
4				11				18			
5				12				19			
6				13				20			
7				14				21			

I prefer confirmation of my registrations by: Mail Email Phone

If registering a fax (this includes phone/fax), please supply a phone number you can be contacted on:

Continued over>

If you are an account holder

Name	<input style="width: 95%;" type="text"/>	Preferred ph.	<input style="width: 95%;" type="text"/>
Postal address	<input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>	Signature	<input style="width: 95%; height: 40px;" type="text"/>
Email	<input style="width: 95%;" type="text"/>	Date (dd/mm/yy)	<input style="width: 95%;" type="text"/>

If you are registering numbers on behalf of another person

Nominee details

Name	<input style="width: 95%;" type="text"/>	Postal address	<input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>		
Preferred ph.	<input style="width: 95%;" type="text"/>		

Please provide written evidence of your nomination. You may do this by the account holder/s signing the authorisation below or by providing other written evidence, such as a power of attorney.

Nominee authorisation

Where you require additional room, please attach another registration form.

	Number or number ranges	Account holder (name)	Nominee (name)	Account holder's signature	Date	Authorise* (please tick)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

As the account holder, I authorise the stated nominee to request registration of my number or number ranges (if applicable) on the Do Not Call Register.

Optional (for research and evaluation purposes):

- > Please confirm how many telemarketing calls you have received in the last two weeks
- > Please confirm how many marketing faxes you have received in the last two weeks

Note: The register operator and the ACMA will not disclose a number to any person who does not already have that number. The register operator and the ACMA will not disclose any person's name or address unless required or authorised by law or with the consent of that person.

OFFICE USE ONLY

Date received	Date confirmed	Authorised by
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