



Application for Connection as an AFASP

Deputy Commissioner Field Operations
Fire and Rescue NSW
Locked Bag 12
Greenacre NSW 2190

The applicant identified below hereby applies for connection as an Automatic Fire Alarm Service Provider (AFASP) to the Fire and Rescue NSW (FRNSW) Automatic Fire Alarm System. Connection will be made under the *Automatic Fire Alarm System Agreement* identified below:

Applicant Details											
Full Company or Business Name											
ACN or Registered Business No.											
Company or Business ABN											
Street Address of Head Office											
Suburb											
State							Postcode				
Applicant Details for Correspondence and Service of Notices											
Name of Main Correspondent		Mr/Ms/Mrs/Miss									
Position of Correspondent											
Street Address of Correspondent				Mail Address (If Different)							
Suburb				Suburb							
State				State							
Postcode				Postcode							
Phone number				Fax number							
E-mail address											
Please Initial _____		I am aware that a Correspondent (not necessarily the above named) must be available during normal business hours on all of the above contact points.									

Applicant Details for Operational/Technical Contact				
Position of Contact				
Phone Number				
Fax Number				
E-mail Address				
Please Initial _____		I am aware that an Operational/Technical Contact (not necessarily the above named) must be available 24 hours a day, 7 days a week on all of the above contact points		
Applicant Company or Business Structure Details				
<i>Circle One</i>		Public Company	Private Company	Partnership
Directors or Partners			Shares	
			Number	Type
Name		Address		
Name		Address		
Name		Address		
Name		Address		
Name		Address		
Notes:				
<ul style="list-style-type: none"> • Where the applicant is a public listed company, supply names and addresses of directors and secretaries, and of all shareholders holding 10% or more of the issued capital. (Attach statement if more space required) • Where the applicant is a company other than a public listed company, supply full details of corporate structure, including names and addresses of directors and secretaries, and of all shareholders, and numbers and classes of shares held. (Attach statement if more space required) • Where the applicant is not a company, supply full details of applicant's structure, including names and addresses of all persons or companies which own or control all or any part of the applicant, and the type and proportion of ownership or control. (Attach statement if more space required). 				

Trade References			
Name		Phone	
Name		Phone	
Name		Phone	
Name of Accountant (Mr/Ms/Mrs/Miss)			
Company Name		Phone	
Bank		Branch	

This Execution Page Refers to the Agreement Between the Parties			
AFA System Agreement Terms and Conditions (AFA-C-01)	Version		Doc. Date ___/___/_____
Agreement Document Master List (AFA-R-10)	Version		Doc. Date ___/___/_____

Execution – Applicant AFASP to Complete (See Notes Below)			
Executed for and on behalf of:			
Full Company or Business name			
... in accordance with section 127(1) of the <i>Corporations Act 2001</i> (Cth) by authority of the Directors:			
Dated (<i>Insert Date in Words</i>)			___ _ _ _
	Day of	Month	Year
Name of Director (<i>Print</i>)			
Signature of Director			
Name of Director/Secretary (<i>Print</i>)			
Signature of Director/Secretary			
Execution – Fire and Rescue NSW to Complete			
Executed for and on behalf of Fire and Rescue NSW (ABN 12593473110) by the Commissioner:			
Dated (<i>Insert Date in Words</i>)			___ _ _ _
	Day of	Month	Year
Name of Commissioner (<i>Print</i>)			
Signature of Commissioner			
... in the presence of ...			
Name of Witness (<i>Print</i>)			
Signature of Witness			

Notes:

- If the Business is a Partnership this document is to be executed by all Partners of the Business
- The applicant must submit two original signed copies of this application
- Upon receipt of this application by FRNSW a tax invoice will be issued to the applicant for the Application Fee. The Application Fee must be paid by electronic funds transfer or bank cheque before the application will be considered.

Related Procedure: Entering Into an AFASP Contract (AFA-P-04)