Legislative Assembly for the Australian Capital Territory. ACT Register of Lobbyists.

# Registration Form—Partnership

If you wish to lodge an application to be registered on the ACT Register of Lobbyists, please complete the information requested on this form. If you currently appear on the Register and wish to update/amend your details, please complete the “**ACT Register of Lobbyists—Alteration of Details**” form which can be located at [ACT Register of Lobbyists - Registration Forms](http://www.parliament.act.gov.au/act-register-of-lobbyists/registration-forms).

Before completing the requested information, please make yourself familiar with the “**ACT Lobbying Code of Conduct**” and the “**ACT Lobbyist Regulation Guidelines**”, which can be located at [ACT Register of Lobbyists](http://www.parliament.act.gov.au/act-register-of-lobbyists/).

Email return: [LobbyistRegistrar@parliament.act.gov.au](mailto:LobbyistRegistrar@parliament.act.gov.au)

Postal return:

ACT Registrar of Lobbyists  
196 London Circuit (PO Box 1020)  
CANBERRA ACT 2600

## Registrant details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I am registering as a partnership** |  | | | | |
| **Full name of each partner** |  | | | | |
| **Trading name of partnership** (if applicable) |  | | | | |
| **Business address of partnership** |  | | | | |
| **State** |  | **Postcode** | | |  |
| **Partner responsible for registration** | **Name** | | | **Address** | |
|  | | |  | |
| **Contact details for partner responsible for registration** | **Office** | | | **Mobile** | |
|  | | |  | |
| **Email address of partnership** |  | | | | |
| **ABN of partnership** (if applicable) |  | | | | |
| **Authorised person/s** | **An authorised person is an individual who is authorised to conduct lobbying activity on behalf of the partnership** | | | | |
| **Name/s** | | **Address/es** | | |
|  | |  | | |
| **Has any partner and/or authorised person been employed in the public sector at any time?** | | | | | |
| If yes, please complete the below information | | | | | |

|  |  |
| --- | --- |
| **Place and position** | **Date of separation** |
|  |  |

## Client details

Please list the name and address of each client on whose behalf lobbying activity is/or may be conducted in the table below.

| **Name/s** | **Address/es** |
| --- | --- |
|  |  |

## Previous lobbying activity

Please list the name and address of each person or entity on whose behalf lobbying activities have been conducted in the preceding 12 months in the table below.

| **Name/s** | **Address/es** |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Has any partner and/or authorised person been a Member of the Legislative Assembly for the ACT within the last 18 months?** | |
|  | If yes, the individual shall not engage in lobbying activities relating to any matter that they had official dealings with until the 18 months has expired (please tick) |
| **Has any partner and/or authorised person been employed under the *Legislative Assembly (Members’ Staff) Act 1989* within the last 12 months?** | |
|  | If yes, the individual shall not engage in lobbying activities relating to any matter that they had official dealings with until the 12 months has expired (please tick) |
| **Has any partner and/or authorised person been employed under the *Public Sector Management Act 1994* as a Head of Service, Director-General or Executive within the last 12 months?** | |
|  | If yes, the individual shall not engage in lobbying activities relating to any matter that they had official dealings with until the 12 months has expired (please tick) |

**In accordance with the ACT Lobbying Code of Conduct, as a partner and/or authorised person, I declare:**

1. **that I have never been sentenced to a term of imprisonment of 30 months or more; and**
2. **that I have not been convicted, as an adult, in the last 10 years, of an offence, one element of which involves dishonesty, such as theft or fraud; and**
3. **that I am not and do not act as a member of a federal, state or territory political party executive or administrative committee, or similar; and**
4. **that I give an undertaking to comply with the ACT Lobbying Code of Conduct.**

**I also declare that the information provided in this form is true and correct.**

**Full name**

**Date**

**Official Use Only**

Registration form received

Clerk’s approval received

Details placed on Register