

# Automotive Transformation Scheme

# ATS Request to Change Details form

This form is for Automotive Transformation Scheme (ATS) participants who wish to make changes to their ATS record.

Completing and submitting the request to change details

There are a number of circumstances when an ATS participant will need to notify AusIndustry of required changes to their ATS record. Examples include, but are not limited to, when a staff member becomes the new ATS contact; the participant may have moved to another location; the ABN may have changed or registration details such as the nominated component has changed. Whenever an ATS participant requires a change of details to be made, this form should be completed and sent to AusIndustry.

An *ATS Request to Change Details* form should be lodged promptly. It is important that AusIndustry remain aware of any changes to a participant’s details to ensure the smooth administration of the ATS and a minimisation of risk to AusIndustry and the ATS participant.

All values and figures should be recorded in full, as whole numbers. Do not use decimal points.

The *ATS Request to Change Details* form must be completed by the current authorised primary ATS contact.

The *ATS Request to Change Details* form can be sent by email to [ats@industry.gov.au](mailto:ats@industry.gov.au) or by post to:

Automotive Section

AusIndustry

GPO Box 2013

CANBERRA ACT 2601

A hard copy may also be left during business hours at any AusIndustry office (Please refer to the AusIndustry’s national network on the *Contact us* page at <http://www.business.gov.au/contact-us/Pages/our-network.aspx> to locate a state or regional office near you).

Privacy and confidentiality

The confidentiality of information provided to AusIndustry, a division of the Department of Industry, Innovation and Science (the Department), by ATS participants is protected by the relevant provisions and penalties of the *Automotive Transformation Scheme Act 2009,* the *Automotive Transformation Scheme Regulations 2010*,the *Public Service Act 1999*, the *Public Service Regulations 1999*, the *Privacy Act 1988*, the *Crimes Act 1914*, the *Criminal Code* and general law.

Subregulation 6.5(1) of the *Automotive Transformation Scheme Regulations 2010* allows the Minister to publish the following information about an ATS participant or a person who was an ATS participant:

1. that the person is, or was, an ATS participant and the period of the person’s participation in the ATS;
2. the amount of assistance paid to the person in an ATS year.

Subregulation 6.5(2) of the *Automotive Transformation Scheme Regulations 2010* requires the Minister to publish a notice that the Minister has given a person named in the notice permission to:

1. apply for registration as an ATS participant; or
2. continue registration as an ATS participant;
3. on the basis that the registration would be in the national interest.

Detailed confidential information contained in quarterly returns may be disclosed for audit purposes to contractors engaged by the Department and to other Commonwealth agencies for audit, reporting and law enforcement purposes. Further, the Department may release confidential information if it obtains the ATS participant’s consent or is required or permitted by law to do so. This could happen, for example, if the Department is required to respond to a resolution of the Parliament, or the order of a court.

Getting help

Please contact your Customer Service Manager or call the **AusIndustry hotline** on **13 28 46** if you need assistance or experience difficulties with completing and submitting this form.

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| Automotive Transformation Scheme  *ATS Request to Change Details form* |

## Part A - Participant details

### A1 Participant details

|  |  |
| --- | --- |
| Full name of ATS participant (eg. Company ABC Pty Ltd within its own capacity and as trustee of XYZ Trust) |  |
| Trading name |  |
| Australian Business Number (ABN) |  |
| Australian Company Number (ACN) |  |
| ATS Registration Number | - |

|  |  |
| --- | --- |
| To change the nominated ATS contact | **⏵** [**Go to Part B1**](#B1) |
| To change the address or contact details of the company | **⏵** [**Go to Part B2**](#B2) |
| To make a change to registration details | **⏵** [**Go to Part B2**](#B2) |
| To make a change to nominated component details | **⏵** [**Go to Part B2**](#B2) |
| To change details reported in a Quarterly Return | **⏵** [**Go to Part B2**](#B2) |
| To report changes in group membership | **⏵** [**Go to Part B2**](#B2) |
| To report other changes | **⏵** [**Go to Part B2**](#B2) |

## Part B - Details of Changes

### B1 Change of Nominated ATS Contact

If you wish to change the nominated ATS contact, please enter the new nominated ATS contact’s details in the table below. Remember that the nominated ATS contact must be the person within the company responsible for all dealings with AusIndustry in relation to ATS. The person should be a resident of Australia. If representing a group of companies the person must be approved by all group members to speak on their behalf.

#### B1.1 Contact person

|  |  |
| --- | --- |
| Title |  |
| If ‘Other’, please specify. |  |
| Given name |  |
| Other name(s) |  |
| Family name |  |
| Job title | If ‘Other’, please specify: |

#### B1.2 Contact details

|  |  |
| --- | --- |
| Office telephone number |  |
| Mobile telephone number |  |
| Office fax number |  |
| E-mail address |  |
| Preferred method for correspondence |  |

#### B1.3 Street address

Provide the street address of the new ATS contact.

|  |  |
| --- | --- |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Suburb/town |  |
| State/territory |  |
| Postcode |  |
| Country | Australia |

#### B1.4 Postal address

Is the new ATS contact’s postal address the same as the street address?

If ‘No’, please provide the new ATS contact’s postal address.

|  |  |
| --- | --- |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Suburb/town |  |
| State/territory |  |
| Postcode |  |
| Country | Australia |

#### B1.5 Specimen signature of new ATS contact

Provide below the signature of the new ATS contact.

|  |
| --- |
|  |

### B2 Change of details - other

If you are requesting changes to any details as listed below, please tick the relevant box and specify the particulars of the change in the box provided.

Change of Company Address or Company Contact Details

Change of Registration Details

Change of Nominated Component

Change to a Quarterly Return

Change in Group Membership

Other

|  |
| --- |
| Details: |

## Part C – Declaration and signature

### C1 Declaration by authorised person

|  |  |
| --- | --- |
| I declare that I am authorised by the ATS participant to complete this form on behalf of the ATS participant and to sign and submit this declaration on behalf of the ATS participant. |  |
| I declare that I have read the Automotive Transformation Scheme Act 2009 the Automotive Transformation Scheme Regulations 2010 and the Automotive Transformation Scheme Order 2010 and the relevant ATS Customer Guidelines and understand my obligations under each of them. |  |
| I will maintain, or create and maintain, documents that evidence all particulars contained in Quarterly Returns. |  |
| I understand that I may be requested to provide further clarification or documentation to verify the information supplied in this form. |  |
| I declare that the information contained in this form is, to the best of my knowledge, true, accurate and complete in all material particulars. I also understand that the provision of false or misleading information or the making of a false or misleading statement to the Australian Government in an application is a serious offence. |  |

*Note: Please mark each box to complete the declaration. This form will not be accepted by AusIndustry for assessment unless all of the boxes above are marked.*

### C2 Authorised signatory details

The person signing this form must be the current authorised primary ATS contact. If the current authorised primary ATS contact has left the company then this form will need to be signed by a senior employee or officer of the ATS participant who is authorised to do so.

|  |  |
| --- | --- |
| Title |  |
| If ‘Other’, please specify |  |
| Given name |  |
| Other name(s) |  |
| Family name |  |
| Job title | If ‘Other’, please specify: |
| Phone number (include area code) |  |
| Email address |  |

### C3 Authorised Signature

|  |  |
| --- | --- |
| Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name of signatory  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position of signatory  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |