



Veterinary Surgeons' Board



Form 4A

VETERINARY SURGEONS ACT 1960

APPLICATION FOR REGISTRATION AS A VETERINARY SURGEON BY A BODY CORPORATE WITH ALL SHAREHOLDERS BEING VETERINARY SURGEONS

1. Number and name of registered body corporate **(must be a Proprietary Limited [Pty Ltd] company)** as registered with ASIC (copy attached)

2. Contact phone number and email address

3. Date of registration of body corporate

4. Registered address of body corporate

5. Mailing address of body corporate if different from above

6. Full name of chairman of the body corporate

7. Name and private address of each shareholder

(i) _____

(ii) _____

(iii) _____

(iv) _____

8. Issued share capital

9. Percentage of share capital owned by each member **(Please attach current ASIC Company Statement)**

Name	Percentage	Shares held
(i) _____	_____	_____
(ii) _____	_____	_____
(iii) _____	_____	_____
(iv) _____	_____	_____

Postal Address: PO Box 1721 Melville South WA 6156

Office: Suite 1, First Floor, Melville Professional Centre, 275 Marmion Street, Melville WA 6156

Telephone: (08) 9317 2353 Facsimile: (08) 9317 2363 Email: admin@vsbwa.org.au Website: www.vsbwa.org.au

10. State professional indemnity insurance (give insurance company name and amount of cover)

11. If professional indemnity is not with an insurance firm state how indemnity money is held (capital, etc.)

12. The prescribed fee is enclosed (**\$142 application fee, plus \$465 registration fee - total \$607**)

13. A copy of the Company Statement Extract of particulars showing details of the Company share structure, Members and distribution of shares in the Company **from ASIC** is enclosed.

STATUTORY DECLARATION

I, _____
(Name)

of _____
(Place of abode and occupation)

do solemnly and sincerely declare that:-

- (a) This body corporate has/has not been refused registration, or
- (b) This body corporate name has/has not been removed from the register (or other similar public document)

in any place outside the State.

The reasons for such refusal/removal (where such is the case) were:-

I sincerely declare that the information I have given above is true and correct to the best of my knowledge information and belief.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

Declared at _____ this _____ day _____ of _____ 20____

J.P. (Or as the case may be) Chairman of the Body Corporate

Payment: I enclose \$ for registration as a Body Corporate.

Direct Deposit **BSB: 066040 Account No: 1980 0005**

Account Name: Veterinary Surgeons' Board.

PLEASE IDENTIFY YOUR DD PAYMENT WITH YOUR BODY CORPORATE NAME.

Cheque Money Order Credit Card **Visa / Mastercard ONLY** Please fill in details below.

No	Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EXPIRY DATE /

Name on card: _____ Signature of cardholder _____