



# Veterinary Surgeons' Board



## Form 4B

### VETERINARY SURGEONS ACT 1960

#### APPLICATION FOR REGISTRATION AS A VETERINARY SURGEON BY A BODY CORPORATE WITH 2 MEMBERS, ONE OF WHOM IS NOT A VETERINARY SURGEON

1. Number and name of registered body corporate **(must be a Proprietary Limited [Pty Ltd] company)** 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 Body Corporate

\_\_\_\_\_

7. Name and private address of each member of the Body Corporate

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

8. Issued share capital

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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.

14. Two references to show good fame and character and qualifications (if any) of the member who is not a veterinary surgeon are 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**EXPIRY DATE** /

Name on card: \_\_\_\_\_ Signature of cardholder \_\_\_\_\_