**Request Type (please tick one)**

|  |  |
| --- | --- |
| **New Registration** | **[ ]**  |
| **Change of Company/Contact Details** | **[ ]**  |

**Company Details**

|  |  |
| --- | --- |
| **Company (Legal) Name** |  |
| **ACN/ABN** |  |
| **Address** |  |
| **Brand/Trading name (if different to Company Name)** |  |

**Contact Person 1 (mandatory)**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Telephone Number** |  |
| **Email Address** |  |

**Note: The ACMA NBN Service Continuity Standard/NBN Service Migration Determination require you to “nominate at least one contact person responsible for the coordination of activities regarding the provisions of reasonable assistance” and to provide “an email address or other method” whereby that person can be contacted, and reasonable assistance be requested. Note also that “the inbox for the email address or other method of contact [must be] monitored each day” and “all enquiries and requests for reasonable assistance received by the nominated contact person [must be] responded to as soon as practicable.”**

**If your contact details for the NBN Service Continuity Standard are different to those for the NBN Service Migration Determination, please indicate this accordingly.**

**Contact Person 2 (optional)**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Telephone Number** |  |
| **Email Address** |  |

|  |
| --- |
| I acknowledge that Communications Alliance may use this information to contact me in order to facilitate the performance of its functions in its role in the establishment and maintenance of the Carrier/Carriage Service Provider register for the Reasonable Assistance provisions of *the Telecommunications (NBN Continuity of Service) Industry Standard 2018* and the *Telecommunications Service Provider (NBN Line Testing and Service Continuity) Determination 2018.*I acknowledge that this information may be shared with regulatory/Government agencies upon request and subject to approval by the Communications Alliance Board.Do you consent to receiving updates and communications from Communication Alliance? Yes/No (Please circle/delete as appropriate)………………………………………………………………………. Date:………………………………………**Signature of the Authorised Company Representative** |