

## Notification of material change: licence to cultivate and/or supply low-THC hemp

*Hemp Industry Act 2008 (NSW)*

Fill in the relevant fields for any details that have changed in relation to the low-THC hemp licence and send the completed form with supporting documentation to Department of Primary Industries and Regional Development (Department) via one of the following methods:

Post: PO Box 232, Taree NSW 2430

Email: [bfs.admin@dpi.nsw.gov.au](mailto:bfs.admin@dpi.nsw.gov.au)

### 1. Licence holder information

Name of licence holder: \_\_\_\_\_

Licence number: \_\_\_\_\_

Brief description of change:

### 2. Have you changed licence holder details?

Yes/No

New company/association name (attach the ASIC Change of Name Certificate and updated ASIC Company Extract listing the directors)

\*If there is a change to ABN or ACN, a new application will be required in the new entity name.

\_\_\_\_\_

New trading name (attach the ASIC Business Name Registration Certificate)

\_\_\_\_\_

New partnership name

\_\_\_\_\_

### 3. Have your changed contact details?

Yes/No

New postal address \_\_\_\_\_

New email address \_\_\_\_\_

New phone number \_\_\_\_\_

New fax number \_\_\_\_\_

**4. Have you changed Close Associate details?**

**Yes/No**

Close associates are defined in Part 1 Section 4 of the *Hemp Industry Act 2008*. Please refer to Part 2 in the *Guidelines to assist in preparing an application for a licence under the Hemp Industry Act 2008* for advice on completing this section.

***Close Associates to be removed***

First Name

Last Name

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***Close Associates to be added***

Complete the following page for each additional Close Associate.

For each additional Close Associate, provide a photocopy of their photo identification (e.g. driver's licence).

The Department is now conducting an independent National Criminal Record Check of each Close Associate. You are no longer required to submit your own criminal record check. Following receipt of this application, a link will be sent to each Close Associate from [no-reply@police.nsw.gov.au](mailto:no-reply@police.nsw.gov.au) to conduct the police check. This link must be actioned within 7 days or it will expire. You will be notified when this link is emailed. The link may appear in the junk/spam mailbox.

## CLOSE ASSOCIATE DETAILS

Full name			
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:		
Date of birth			
Driver's licence number		State	
Home address			
Postal address			
Email address			
Home telephone		Mobile	

### Nature of close association with the licence holder

Please describe the relevant financial interest, position or power this Close Associate holds or will hold in relation to the business of the licence holder

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### Questions relating to your background

1	Have you ever been convicted of a drug related offence anywhere in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If you answered "Yes" to the previous question, please provide details of this conviction.	
3	Have you ever had a licence to cultivate low-THC hemp (or equivalent) refused, suspended or cancelled anywhere in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	If you answered "Yes" to the previous question, please provide details of this refusal, suspension or cancellation.	

### Declaration by Close Associate

I declare that I am a Close Associate of the licence holder and that the information provided in relation to myself, to the best of my knowledge, is true and correct in every particular.

Name			
Signature		Date	

5. Are you requesting to remove a location from your licence? Yes/No

Location details

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6. Are you requesting to add a location to your licence? Yes/No

To be submitted in the event a new location is to be used which was not approved at the time of granting the licence. For each property, provide:

- a map showing the location of the property within the local area
- a property plan showing the location of cultivation, storage and/or processing sites

Location details (Lot, DP, PIC, Address, Hectares)

Do you own this property?

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Yes/No

*For each location not owned by the licence holder, provide consent to the use of the property for cultivation of low-THC hemp, as follows:*

**Consent to use of property for the cultivation of low-THC hemp**

I (full name) \_\_\_\_\_

being the legal owner of the property (full address of the property)

Lot \_\_\_\_\_ DP \_\_\_\_\_ PIC \_\_\_\_\_

Property name \_\_\_\_\_

Address \_\_\_\_\_

give consent for the use of this property for the cultivation of low-THC hemp pursuant to a licence issued under the *Hemp Industry Act 2008*.

Number of hectares to be sown \_\_\_\_\_

Signature \_\_\_\_\_ Dated \_\_\_\_\_

Contact number \_\_\_\_\_

**NOTE: A crop cannot be grown at this location until the licensee has been notified in writing by the Department that this location has been approved.**

**7. Are you requesting to increase or decrease cultivatable area on an approved location? Yes/No**

Attach a map of the revised area.

Location details and nature of request (e.g. address and increase from 5 hectares to 10 hectares)

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**8. Are you requesting changes to the activities listed on your licence? Yes/No**

Refer to Part 3 of the *Guidelines to assist in preparing an application for a licence under the Hemp Industry Act 2008* for advice on completing this section.

If you are requesting additional activities, complete and attach the relevant sections in the *Application for a licence to cultivate and supply low-THC hemp* (Sections 3.1 to 3.6) (located at <https://www.dpi.nsw.gov.au/agriculture/broadacre-crops/nsw-hemp-industry>) and provide supporting documents as required.

Activity	Addition	Removal
Cultivation of low-THC hemp for commercial production		
Supply of low-THC hemp for commercial production		
Cultivation of low-THC hemp for use in a manufacturing process		
Supply of low-THC hemp for use in a manufacturing process		
Cultivation of low-THC hemp for scientific purposes		
Supply of low-THC hemp for scientific purposes		

**9. Declaration**

**I agree that all the information contained in this form is true and correct and certify that I am authorised to submit this form on behalf of this business.**

Full name

Signature

Date

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**Privacy and personal information**

In completing this application, you may be required to provide specific personal information, for example, your name and address, contact information and a criminal history check. If required, you must provide this information, otherwise we may not be able to update your licence under the Hemp Industry Act 2008 (the Act).

We will not disclose information about you to any person except for the purposes of regulating and enforcing the provisions of the Act or where the disclosure is permitted by law, for example through an information sharing arrangement between the Secretary and a relevant agency (see section 37(3) of the Act).

For more details about privacy, please contact [gipa@regional.nsw.gov.au](mailto:gipa@regional.nsw.gov.au).