## **Opt-in form**

| *Does your business have a privacy policy?   | Пү     | es |           |  |
|--|--------|----|-----------|--|
| (If no, your application will be declined)   |        | 0  |           |  |
| Privacy Policy URL:  |        |    |           |  |
| Registered name:   |        |    |           |  |
| Trading name(s):<br>(if different to the above)<br>This will be published on the register. |        |    |           |  |
| Australian Business Number (ABN):  |        |    |           |  |
| This will be published on the register.  |        |    |           |  |
| Primary business activity:   |        |    |           |  |
| Mailing address:   |        |    |           |  |
|  | State: |    | Postcode: |  |
| Phone number:  | ( )    |    |           |  |
| Facsimile number:  | ( )    |    |           |  |
| Email address:   |        |    |           |  |
| Website:   |        |    |           |  |

\* It is a requirement of the *Privacy Act 1988* (Cth) for entities to have a publically available privacy policy that complies with Australian Privacy Principle (APP) 1.

We will not accept your application if you do not provide us with a link to, or attach a copy of, the privacy policy for your business.

If your business does not already have an APP privacy policy, you will need to produce one as a first step to complying with your privacy obligations, and include a link to (or attach a copy of) your APP privacy policy as part of your opt-in application. Further information is available in our <u>Guide to developing an APP privacy policy</u>.

## Declaration

By completing and signing this application, I choose to allow the entity described above to be treated as an 'organisation' for the purposes of the *Privacy Act 1988* (Cth) from the date of publication on the OAIC's Opt-in Register. I understand that the name of the entity and its ABN will be listed on a publicly available register of entities that have made such a choice.

| Name:      | Name:      |  |
|------------|------------|--|
| Position:  | Position:  |  |
| Date:      | Date:      |  |
| Signature: | Signature: |  |