



## Application of Intent to use data from the Integrated Public Number Database (IPND)

Please complete the required details and return this document to the IPND Manager via email to: [IPND.Manager@team.telstra.com](mailto:IPND.Manager@team.telstra.com)

### **Important Notes:**

1. This application applies only for the purposes of commencing formal approval, registration and acceptance testing for intending Data Users of the Integrated Public Number Database (IPND) by the IPND Manager. This is not an application for Authorisation from the Australian Communications and Media Authority (ACMA) under the IPND Scheme. If you are intending to publish a Public Number Directory, conduct Research or make any other use of IPND data, you must apply to ACMA for authorisation using the forms available on the ACMA website ([www.acma.gov.au](http://www.acma.gov.au)).
2. A non-refundable application fee of \$3,000 (excl GST) is payable to the IPND Manager on submission of this application to become a Data User. The application fee is levied by the IPND Manager to cover the cost of assessing the Data User's application, provision of access and training to assist the Data User with obtaining available files from the IPND User-Test environment. A tax invoice will be provided and payment will be due within 14 days of receipt of the tax invoice.
3. To assess the credit worthiness of your organisation as a prospective Data User, Telstra and / or the IPND Manager may, as part of this application, request the submission of supporting financial statements as required and specified during the credit assessment process.
4. In the case of a Data User who intends to publish a Public Number Directory, Provisional IPND Data will not be supplied unless the Data User holds Provisional Authorisation from the ACMA and the IPND Data Access Agreement has been signed by the Data User and Telstra (as IPND Data Manager).
5. In the case of a Data User who intends to publish a Public Number Directory, (non-provisional) IPND Data will not be supplied unless the Data User holds Final Authorisation from the ACMA.
6. In the case of a Data User who intends to conduct Research, IPND Data will not be supplied unless the Data User holds Authorisation from the ACMA.
7. The IPND Manager must be provided with a copy of any Provisional Authorisation, Final Authorisation and/or Authorisations, including a copy of the conditions placed on the Data User by the ACMA.
8. You acknowledge and agree that all information provided to Telstra and the IPND Manager by you as part of the application process (including but not limited to information provided on the application form and via the credit assessment process, and a copy of the IPND Data Access Agreement entered into by you) may be disclosed to the ACMA.
9. If this application is accepted by Telstra, additional steps will apply including (in particular) credit assessment by Telstra. You will then need to execute the IPND Data User Agreement (which will be provided to you in due course).



## PART A. IPND Purpose:

Please indicate using a (✓) in the relevant tick box for which purpose(s) you are intending to use the IPND data as a Data User.

To publish and maintain a Public Number Directory? If so, have you received:

Provisional Authorisation from the ACMA? If yes, please attach.

Final Authorisation from the ACMA? If yes, please attach.

To provide Directory Assistance Services? If so, are you a Carriage Service Provider (CSP)

To conduct Authorised Research? If so, have you received:

Authorisation from the ACMA? If yes, please attach to show Authorisation terms and conditions.

To provide Location Dependent Carriage Services

To provide information for the operation /assisting of emergency call services

To provide information for assisting Law Enforcement agencies and/or safeguarding national interest.

To provide operator services or operator assistance services

## PART B. Essential IPND Customer Details:

Registered Organisation / Company / Business Name: \_\_\_\_\_

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Registered ABN / ACN: \_\_\_\_\_

Physical Location: \_\_\_\_\_

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Postal Address: \_\_\_\_\_  
(for receiving whitemail / hardcopy correspondence including billing notifications)

Are you acting as Trustee? Yes No  
(please circle the appropriate response)

If yes, name and ABN of the Trust: \_\_\_\_\_

Are you acting as agent? Yes No  
(please circle the appropriate response)

If yes, name and ABN of the Principal: \_\_\_\_\_

Contact Name/s: \_\_\_\_\_

Contact Phone No/s: \_\_\_\_\_  
(Please supply direct contact numbers. Fixed or Mobile preferred)

Contact Email/s: \_\_\_\_\_



## PART C. Customer Consent

In this consent I/we, in my/our capacity of role/Company Title provided below for

\_\_\_\_\_  
(Applicant details: Organisation / Company / Business name)

hereby consent to the information contained in this application being used by the IPND Manager in assessing this application to become an IPND Data User for *Approved Purposes* as detailed in the *Carrier Licence Conditions (Telstra Corporation Limited) Declaration 1997*.

I/we agree that the Applicant will cooperate with Telstra, and will provide to Telstra any financial or other information requested by Telstra for the purpose of assessing the Application or the creditworthiness of the Applicant from time to time.

I/we hereby represent and warrant that all of the information supplied in the Application is true and correct in every regard and is current as at the date of the Application.

I/we am/are authorised to make this Application (including signing this consent) on behalf of the entity named in this Application and that my/our signature(s) on this Application bind the entity named in this Application.

Please provide the following information for each of the signatories:

Signatory Name	Contact Phone No	Contact Email Address

Note: if there are more than one Director, all Directors are required to sign this consent.

_____ (Name of 1 <sup>st</sup> Signatory)	_____ (Role / Company Title)	_____ (Signature)	_____ (Date)
_____ (Name of 2 <sup>nd</sup> Signatory)	_____ (Role / Company Title)	_____ (Signature)	_____ (Date)
_____ (Name of 3 <sup>rd</sup> Signatory)	_____ (Role / Company Title)	_____ (Signature)	_____ (Date)
_____ (Name of 4 <sup>th</sup> Signatory)	_____ (Role / Company Title)	_____ (Signature)	_____ (Date)



## **PART D. IPND Technical Contact Details**

**IPND Technical Communications Contact Details** (Application Manager / IT Manager)

Contact Name/s: \_\_\_\_\_

Contact Phone No/s: \_\_\_\_\_

Contact Email/s: \_\_\_\_\_