



FORMRSELCC 07/19

APPLICATION FORM

APPROVAL TO OWN OR CONTROL AN RSE LICENSEE

Under s. 29HA of the *Superannuation Industry (Supervision) Act 1993 (SIS Act)*.

PART A – GENERAL INFORMATION

All questions in Form RSELCC must be completed.

Application details

How do you wish this form to be treated? *(check box)*

☐ As an application for the purposes of s. 29HA of the SIS Act

☐ As a draft application only

A.1 - Details of Applicant/s

Name of Applicant/s

ABN (if applicable)

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Type of Applicant

☐ Individual/s

☐ Body corporate

Part A continues on the next page



PART A – GENERAL INFORMATION (CONTINUED)

A.2 - Contact details for application

Contact person – primary

Title	Mr	Mrs	Ms	Other
Name	<input type="text"/>			
Position held	<input type="text"/>			
Telephone numbers				
Direct business number	<input type="text"/>			
Mobile number	<input type="text"/>			
Email	<input type="text"/>			
	<input type="text"/>			

Contact person – secondary

Title	Mr	Mrs	Ms	Other
Name	<input type="text"/>			
Position held	<input type="text"/>			
Telephone numbers				
Direct business number	<input type="text"/>			
Mobile number	<input type="text"/>			
Email	<input type="text"/>			
	<input type="text"/>			

Part A continues on the next page



PART A – GENERAL INFORMATION (CONTINUED)

A.3 – Applicant body corporate details (if applicable)

Trading Name(s)

Registered address

Street address

*(if same as registered address,
write "as above")*

Postal address

*(if same as registered address,
write "as above")*

Website

A.4 – Australian Financial Services Licence (AFSL)

Does the Applicant hold an AFSL? *If yes, complete this section*

Yes

No

Name of AFSL holder

ABN

AFSL number

Date last issued

 / /

AFSL

Attached *(check box)*

Historical ASIC Company Search

Attached *(check box)*

Date of search

 / /

Part A continues on the next page



PART A – GENERAL INFORMATION (CONTINUED)

A.5 – Regulated by foreign regulator/s

Is the Applicant regulated by a foreign regulator/s?

Yes

No

If yes, complete this section

Name(s) of foreign regulator/s

Country/s

Contact Details of foreign regulator/s

Details of current and proposed controlling stake

A.6 – Details of RSE licensee

Name of RSE licensee

ABN

Class of licence *(check box)*

PO

EPO

NPO

A.7 – Current and proposed percentage holding

Does the Applicant already hold a stake in the RSE licensee for which approval is sought?

If yes, complete this section

Yes

No

Existing holding *(if applicable)*

Proposed holding

A.8 – Proposed date of change of ownership / control of RSE licensee

Proposed date of change

 / /

Details explaining basis for the proposed date of change

Part A continues on the next page



PART A – GENERAL INFORMATION (CONTINUED)

A.9 – Applicant background

A9.1 Does the Applicant currently hold, or has the Applicant previously held, a controlling stake in an RSE licensee? *If yes, complete this section*

Yes

No

Details of ownership or control

A9.2 Does the Applicant have any current or previous involvement in an RSE licensee?

If yes, complete this section

Yes

No

Details of involvement

A.10 – Change of RSE licensee details - Director

A10.1 Does the proposal include any change of Director(s) on the Board of the RSE licensee?

Yes

No

If yes, complete QA10.2; if no, go to QA.11

A10.2 Does the change in Director(s) on the Board involve a change in the beneficial owner of the shares held in the RSE licensee by the respective Director(s)?

If yes, complete this section for each proposed director - provide a separate copy of section A10 for each proposed director.

If no, the Attachments for the questions on Nationality to Curriculum Vitae do not need to be provided when completing this section.

Title

Mr

Mrs

Ms

Other

Name of Director

Date of Birth

 / /

Former names

Part A continues on the next page

PART A – GENERAL INFORMATION (CONTINUED)

A.11 – Change of RSE licensee details - Service Providers

No

(provide an additional table where needed)

Name of Service Provider	Role	Offshore		Outsourcing Agreement
		Yes	No	Attached <i>(check box)</i>
		Yes	No	Attached <i>(check box)</i>
		Yes	No	Attached <i>(check box)</i>
		Yes	No	Attached <i>(check box)</i>

No

If yes, complete this section if applicable.

Name of company / business	
Trading name(s)	
ABN	
Description of business	



PART A – GENERAL INFORMATION (CONTINUED)

Applicant's association with business

Registered address

Street address

*(if same as registered address,
write "as above")*

Postal address

*(if same as registered address,
write "as above")*

End of Part A



PART B – SUPPORTING DOCUMENTATION

B.1 – Proposal

B1.1 Controlling Stake Proposal	Attached	<i>(check box)</i>
B1.2 Business Plan <i>(if applicable)</i>	Attached	<i>(check box)</i>
B1.3 Shareholder Agreement <i>(if applicable)</i>	Attached	<i>(check box)</i>

B.2 – Applicant documentation

B2.1 Risk Assessment	Attached	<i>(check box)</i>
B2.2 Applicant's constitution <i>(if applicable)</i>	Attached	<i>(check box)</i>
B2.3 Governing rules (for each RSE) <i>(if applicable)</i>	Attached	<i>(check box)</i>



PART C – ATTESTATIONS

The Applicant attests that each of the statements (i) and (ii) in this attestation are true and correct:

(i) Information provided

The Applicant attests that the information provided as part of this application complies with the relevant sections of the SIS Act and the relevant prudential standards.

In addition, the Applicant confirms that any change to the information provided in this application will be provided to APRA as soon as practicable after the information in the application ceases to be correct, together with a statement explaining the rationale for all changes.

(ii) Further information

The Applicant acknowledges that APRA may require more information and agrees to promptly provide any information that APRA considers necessary for the application to be fully considered.

The Individual Applicant, or if the Applicant is a body corporate, at least two directors, must sign the attestation.

Name

Position

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Signature

SIGN HERE

Date

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Name

Position

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Signature

SIGN HERE

Date

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End of Part C



NOTES

Penalties for false information

Applicants should note that giving false or misleading information is a serious offence (see s.136.1, s.137.1 and s.137.2 of the *Criminal Code Act 1995*).

Disclosure

Where information is disclosed to APRA as part of this application, APRA may in turn disclose that information in any of the circumstances permitted by s.56 of the *Australian Prudential Regulation Authority Act 1998*.

When do Applicants apply to APRA for approval to own or control an RSE licensee?

To expedite the application process, Applicants are strongly encouraged to submit a draft application form prior to lodging the final application.

Applicants should apply at least 90 days prior to the proposed date of change of ownership or control. Applicants should also be aware that APRA may request any further information it considers necessary to assess the application.

Is there a prescribed fee?

There is no application fee for applicants seeking to apply for approval to own or control an RSE licensee.

Where to lodge the application form

Applicants are encouraged to lodge this form and all attachments electronically to RSELCCForm@apra.gov.au.

Alternatively, the application form and attachments can be mailed to APRA:

Australian Prudential Regulation Authority
GPO Box 9836
In all capital cities (except Darwin, Hobart and Perth)

Enquiries

Telephone 1300 55 88 49

Email info@apra.gov.au

Website www.apra.gov.au

End of Form.