



DRAFT APPLICATION FORM

Approval to own or control an RSE licensee

Form RSELCC 06/19

24 June 2019

Part A – General Information

All questions in the *Application Form – Approval to own or control an RSE licensee (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) _____

Type of Applicant Individual/s

Body corporate

A.2 Contact details for application

Contact person – primary

Title Mr Mrs Ms Other

Name _____

Position held _____

Telephone numbers

Direct business number _____

Mobile number _____

Email _____

Contact person – secondary

Title Mr Mrs Ms Other

Name _____

Position held _____

Telephone numbers

Direct business number _____

Mobile number _____

Email _____

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? Yes No

If yes, complete this section

Name of AFSL holder _____

ABN _____

AFSL number _____

Date last issued DD/MM/YYYY

AFSL Attached

Historical ASIC Company Search Attached

Date of search DD/MM/YYYY

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 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? Yes No

Existing holding (if applicable) _____

Proposed holding _____

A.8 Proposed date of change of ownership / control of RSE Licensee

Proposed date of change DD/MM/YYYY

Details explaining basis for the proposed date of change _____

A.9 Applicant background

A9.1 Does the Applicant currently hold, or has the Applicant previously held, a controlling stake in an RSE licensee? Yes No

If yes, complete this section

Details of ownership or control _____

A9.2 Does the Applicant have any current or previous involvement in an RSE licensee? Yes No

If yes, complete this section

Details of involvement _____

A.10 Change of RSE licensee details - Director

Does the proposal include any change of Director(s) on the Board of the RSE licensee? Yes No

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

Title	Mr	Mrs	Ms	Other	
Name of Director	_____				
Date of Birth	DD/MM/YYYY				
Former names	_____				
Position of Director (<i>check box</i>)	Executive director				<input type="checkbox"/>
(<i>check box</i>)	Non-executive director				<input type="checkbox"/>
	Independent director				<input type="checkbox"/>
	Employer representative				<input type="checkbox"/>
	Member representative				<input type="checkbox"/>
Chairperson of the Board (<i>check box</i>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Date of proposed appointment	DD/MM/YYYY				
Director being replaced (if applicable)	_____				
Nationality	<input type="checkbox"/> Attached				

Australian residency *Attached*

Directorships and shareholdings
(*check box*) Yes – provide details No

Financial benefit (*check box*) Yes – provide details No

Fit and proper assessment *Attached*

Disqualified person status *Attached*

Curriculum vitae *Attached*

Contact details - proposed director

Direct business number _____

Mobile number _____

Email _____

A.11 Change of RSE licensee details - Service Providers

Does the proposal include a change of service providers to the RSE licensee (either new or additional to existing service providers)? Yes No

If yes, please complete the table below for all changes to service providers
(*provide an additional table where needed*)

Name of Service Provider	Role	Offshore		Outsourcing Agreement
_____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> <i>Attached (check box)</i>
_____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> <i>Attached (check box)</i>
_____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> <i>Attached (check box)</i>
_____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> <i>Attached (check box)</i>

A.12 Other business

Does the Applicant undertake or propose to undertake business unrelated to holding the proposed stake in the RSE licensee? Yes No

If yes, complete this section if applicable.

Name of company / business _____

Trading name(s) _____

ABN _____

Description of business _____

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")*

Part B – Supporting Documentation

B.1 Proposal

- B1.1 Controlling Stake Proposal Attached (check box)
- B1.2 Business Plan (if applicable) Attached (check box)
- B1.3 Shareholder Agreement (if applicable) Attached (check box)

B.2 Applicant documentation

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

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 _____

Signature _____

Date DD/MM/YYYY

Name _____

Position _____

Signature _____

Date DD/MM/YYYY

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



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