

Discretionary Mutual Fund (DMF) Form DRF 1.0 Notification

(Notifies APRA when a DMF is in existence on or after 1 January 2008 or when a DMF is wound up)

Purpose (Please tick)

Notification

Wind up

1. Entity

ABN:

Registered name:

Trading name:

2. Type of entity: (Please tick)

Company Limited by Guarantee

Unit Trust

Discretionary Trust

Other Provide details

3. Date of incorporation/commencement or wind up

__ / __ / ____ (DD/MM/YYYY)

4. DMF Financial year end date

__ / __ (DD/MM)

**5. Total Assets for the latest financial year. Round to nearest thousand dollars.
State month and year.**

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6. Gross Earned Contribution revenue for the latest financial year. Round to nearest thousand dollars. State month and year.

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7. List the names of the sub funds which have:

- sub fund bank accounts **and**
- sub fund financial statements;
- Or else state "Not Applicable".

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8. Registered Office address

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Suburb.....State.....Postcode.....

9. Postal address for correspondence

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Suburb.....State.....Postcode.....

10. Contact number Fax

11. Officer of the DMF entity who will be signing off on submission of forms to APRA

Entity Name:

Name (Mr/Ms/Mrs):

Position:

Phone:

Email:

12. Chief Financial Officer / Financial Controller of DMF entity

Entity Name:
Name (Mr/Ms/Mrs):
Position:
Phone:
Email:

13. Primary contact

Entity Name:
Name (Mr/Ms/Mrs):
Position:
Phone:
Email:

14. Contact for statistical/reporting form queries

Entity Name:
Name (Mr/Ms/Mrs):
Position:
Phone:
Email:

15. External Auditor contact

Organisation name:
Name (Mr/Ms/Mrs):
Position:
Phone:
Email:

16. External Actuary contact

Organisation name:

Name (Mr/Ms/Mrs):

Position:

Phone:

Email:

17. If the DMF has a trustee, please state the following details for the Trustee:

ABN:

Entity Name:

Contact Name (Mr/Ms/Mrs):

Position:

Phone:

Email:

18. If the DMF employs an External Manager or outsources the day to day operations of the DMF, please state:

ABN:

Entity Name:

Contact Name (Mr/Ms/Mrs):

Position:

Phone:

Email:

19. List the title, first and last names of persons:

- on the Board of directors of the entity or
- acting as the Trustee

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20. List all entities related to the DMF (eg Parent, subsidiary, joint venture)

Name:

Address:

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Suburb:.....State.....Postcode.....

Relationship with DMF
(eg Parent, subsidiary, joint venture)

Is the related entity an Insurer?

What is the country of registration of the related entity?

(Please attach details of any additional entities that are related to the registrable Entity)

21. Does the DMF engage in any business activities which are not related to the operation of a discretionary mutual fund?

Select Yes/No.

21. Compulsory Declaration.

(The completed form must be signed by an officer of the DMF entity who is authorised by the DMF entity to complete and lodge the form. Refer interpretation below).

I (print name).....hereby declare that the information provided on this Notification Form is complete and accurate and consistent with the records of the entity.

(Signature)

(Date)

Once this form is completed and signed please mail to:

**Australian Prudential Regulatory Authority - Statistics (DMFs)
Level 26, 400 George Street
Sydney NSW 2000**

Interpretation

DMF entity is a person or body that controls a DMF, and may include any of the following:

- (a) a body corporate;
- (b) a partnership;
- (c) an unincorporated body;
- (d) an individual;
- (e) for a trust that has only one trustee – the trustee;
- (f) for a trust that has more than one trustee – the trustees together

officer in relation to a DMF entity means, where relevant:

- (a) a director or secretary of the entity; or
- (b) a person:
 - (i) who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business of the entity; or
 - (ii) who has the capacity to affect significantly the entity's financial standing.