















# APPLICATION BY AN AFSL TO APPOINT AN AUTHORISED REPRESENTATIVE

This application form is to be completed by Promoters whom are wanting to appoint an Authorised Representative on a Lead Regulators Register of Promoters. Once you have applied to a Lead Regulator to be placed on their Register, there is reciprocity available. You will have to complete the application form and submit it (minus the supporting information and the application fee) to the relevant Lead Regulator.

Section 1: Details of the relevant	entities associated with this appl	ication	
AFSL Entity Name:			
Authorised Representative Registered Entity Name:			
Trading Name of (Authorised Representative) Entity (If differs from above):			
Authorised Representative Entity			
(Head Office) Street Address:			Post code:
Authorised Representative Entity Postal Address (If differs from above):			
Address (if differs from above).			Post code:
Authorised Representative Entity Web Address:			
Entity Directors (If more than 4, attach sepa	arate form):	-	
1.		3.	
2.		4.	
Full Name of Responsible Officer of Authorised Representative:			
Mobile Number of Responsible Officer of Authorised Representative:			
Email Address of Responsible Officer of Authorised Representative:			
Authorised Representative Entity Key Empl	loyees (If more than 4, attach separate form	<b>n)</b> :	
1.		3.	
2.		4.	
Is the Authorised Representative listed on any other Register of Promoters?	Yes If yes, please provide which state	es. No	

<sup>&</sup>lt;sup>1</sup>A **Key Employee**, means a person (whether or not appointed under a contract of service) who is: (a) employed in a managerial or supervisory capacity in relation to the conduct of the promotion of thoroughbred racehorses by the applicant; or (b) authorised to make decisions, involving the exercise of his or her discretion, that regulate the operations of the applicant in relation to the conduct of the promotion of thoroughbred racehorses or other services offered by the applicant.

## Section 2: Supporting Information

In support of this application to appoint an Authorised Representative, have you attached the following supporting information (relevant to the Authorised Representative)? (Please tick):

a.	ASIC Extract confirming the Authorised Representative Permit number			No
b.	ASIC Company Extract (outlining each Director and Shareholder – and the shares held)			No
C.	Business plan			No
d.	Statement of the entities assets and liabilities			No
e.	Two (2) x racing industry character references (referring to the entity or the principal of the entity)			No
f.	A Credit Report from an accredited reporting agency (from each Director and Shareholder)			No
g.	A statutory declaration from a CPA or CA (Attached to this Application Form)			No
h.	National Police Record Certificate (for all Shareholders/Directors of the	e business)	Yes	No
i.	Evidence of a current Professional Indemnity Insurance Policy			No
j.	Application fee of \$ <amount> (include a Cheque or provide Credit Card details below)</amount>			No
Credit Card Type (E	E.g. VISA/MasterCard/Diners/Amex): er:			
Credit Card Expiry Date: CVV:				
Cardholder's Full Name:				

Section 3: Que	stionnaire by Authorised Representative			
1	Have you read, and understood, the requirements of the ASIC Corporations (Horse Schemes) Instrument 2016/790 and Regulatory Guide 91: horse breeding schemes and horse racing syndicates?			No
2	Are you familiar with the requirements of the Personal Property Securities Act 2009?			No
3	Do you understand the requirements of the Product Disclosure St	tatement (PDS)?	Yes	No
4	Are you aware that you must declare a manager for each scheme within a PDS?			No
5	Are you aware that a separate bank account must be established for each scheme?			No
6	Do you intend to enter into a purchase agreement with breeders a settlement terms)?	and auction houses (e.g. extended	Yes	No
7	Do you intend to purchase horses through lease finance?		Yes	No
8	If yes, are you aware that the lease finance agreement must be d investors?	lisclosed within the PDS to the potential	Yes	No
9	Will your horses (or the scheme) be insured?		Yes	No
10	How will you communicate information about the horse to the syndicate members? How regularly will you communicate this information?			
11	Who will oversee the business in your absence?			
12	How do you intend to manage the distribution of prizemoney? (E.g. will a dividend be distributed monthly or immediately upon receiving monies from Racing Victoria)?			
13	Are there any additional benefits for syndicate members (E.g. promotions, hospitality, gifts upon entry)?			
14	Who will train your horses?			
15	Where will your horses be agisted when spelling?			

16	Who is your bloodstock advisor?		
17	Are you, or any Director, Responsible Officer or Key Employee currently under any ban or restriction imposed by any racing authority or other sporting authority in any State or Country? If yes, please provide details:	Yes	No
18	Have you, or any Director, Responsible Officer or Key Employee ever been suspended, disqualified, warned off, penalised or placed on a forfeit list as a defaulter or refused a licence, permit or registration by any racing authority or other sporting authority in any State or Country?	Yes	No
19	Have you, or any Director, Responsible Officer or Key Employee in the last 10 years, been: Found guilty of a criminal offence? Imprisoned? And/or Placed on parole? If yes, please provide details:	Yes	No
20	Are there any current criminal proceedings (or charges) or civil proceedings pending against you, or any Director, Responsible Officer or Key Employee? If yes, please provide details:	Yes	No
21	Personal Bankruptcy and/or Company Insolvency:  • Have you, or any Director, Responsible Manager or Key Employee in the last 10 years, been declared bankrupt or insolvent? and/or  • Do you, or any Director, Responsible Manager or Key Employee currently have any bankruptcy proceedings or Civil proceedings pending against you? and/or  • Has any Company which you, or any other Director and/or Shareholder been an officeholder of, been insolvent (including: Voluntary Administration, Liquidation or Receivership?  If yes, please provide details:	Yes	No
	ı		<u> </u>
22	Have you, or any Director, Responsible Officer or Key Employee been convicted of any indictable offence or banned by ASIC? If yes, please provide details:	Yes	No .

# Section 4: Privacy, acknowledgment and consent by AFS Licensee and Authorised Representative AFS Licensee Responsible Officer: Print name Signature Date Authorised Representative Responsible Officer: Print name Signature Date Authorised Representative Directors: Print name Signature Date

Once completed, please sign where applicable and return to PRA for lodgement along with all relevant information as per Section 2 – Supporting Information. PRA does not accept any liability for matters relating to, or arising from, the applicants conduct and activities as an AFS Licensee.

Date

Signature

Print name

### State of <State>

## Statutory Declaration on behalf of Authorised Representative (Reference from a Certified Practicing Accountant or Charted Accountant)

I,					
[Full	name of Accountant]				
of,					
[Add	ress of Accountant]				
				, do solemnly and sincerely declare that	
[occ	upation, e.g. CPA or CA]			_	
I have	specifically viewed and assessed the followin	ng financial documents	supplied by		
the Ap	plicant			[Insert name of Authorised Representative]	
(a)	the Applicant's bank account statements f	or the preceding six (6	) month period;		
(b)	documentation relating to outstanding mo	rtgages or loans taken	out by the Applicant;		
(c)	evidence of assets owned by the Applicant (such as car, property or horse float);				
(d)	the Applicant's tax return for the most rece	ent financial year of wh	nich the tax return is required	l by law;	
(e)	a statutory declaration made by the Applicant stating that he/she has adequate assets and income to ensure that he/she can settle at debts as and when they fall due.				
resour	g regard to the above financial information supces and capacity to establish, promote and mowledge that this declaration is true and cation is liable to the penalties of perjury.	anage Horse Racing S	Schemes.		
Declar	ed at			<del></del>	
this _	day of	20			
			Signature and busine: [to be signed in front of	ss stamp of accountant making this declaratio an authorised witness]	
Before	me,				
Signatu	re of Authorised Witness	·····			