Application to be a reporting nominee

In completing and submitting this form, the entity is applying under section 10M of the *Payment Times Reporting Act 2020* (the **Act**), for the Payment Times Reporting Regulator (the **Regulator**) to make a determination under subsection 10L(1) of the Act that the entity is a reporting nominee for one or more other entities specified in the determination (**nominated entities**).

**IMPORTANT**

To make a reporting nominee determination, the Regulator must be satisfied that:

1. the entity applying for the determination (the **Entity**):
	* is a constitutionally covered entity,
	* is not a reporting entity under section 7 of the Act,
	* controls each of the nominated entities for which it is applying to be a reporting nominee,
	* at least one of the nominated entities is a reporting entity, and
	* each of the nominated entities that is a reporting entity has consented to the Entity being its reporting nominee, and
2. granting the determination to the Entity would:
	* not be contrary to the public interest, and
	* be consistent with the objects of the Act.

For more information, please refer to the [Guidance materials](https://paymenttimes.gov.au/guidance) on the Payment Times Reporting Scheme (the **Scheme**) website.

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| **PART A:****Entity Details** | Entity Name |
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| Entity ABN |
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| Entity ACN/ARBN (if applicable) |
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|  | **Current** financial year details |
|  | Start date: | ***Click to select date*** | End date: | ***Click to select date*** |

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| **PART B:****Nominated entities** | Please complete the tables in **APPENDIX A** and **APPENDIX B** of this document to provide relevant details for all nominated entities on whose behalf the Entity intends to report as a reporting nominee.  |
| **Important Note**To ensure practicality whilst maintaining consistency with the consolidated reporting principles of the Scheme, the Entity’s ‘nominated entities’ for the purposes of the determination (if granted) and applicable reporting obligations under the Act, will be taken to include:* the entities specified in Appendix A, **as well as**
* any other entity that is currently, or at any time in the future, controlled by any of the entities specified in Appendix A.
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| **PART C:****Eligibility** | Please confirm that each of the below statements apply to the Entity (tick all relevant boxes): |
|  | The Entity is a constitutionally covered entity |[ ]
|  | The Entity **does not** meet the criteria to be a reporting entity under section 7 of the Act |[ ]
|  | The Entity controls each of the nominated entities for which it is applying to be a reporting nominee (i.e. on whose behalf it intends to report) |[ ]
|  | At least one of those nominated entities meets the criteria to be a reporting entity under section 7 of the Act |[ ]
|  | Each of the nominated entities that is a reporting entity has consented to the Entity being its reporting nominee |[ ]

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| **PART D:****Reporting****Requirements** | **Important Note**If the Entity is granted a reporting nominee determination, its payment times reports must include information about the payment terms, times and practices of the Entity and all its nominated entities and all their controlled entities.Further, with respect to any nominated entities that are reporting entities, the determination does not result in those entities ceasing to be reporting entities. Those entities must still submit a modified, streamlined report each reporting period. |
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|  | Please confirm that the Responsible Member **for the Entity** (as listed in PART G of this document) understands the Entity’s reporting requirements, outlined above. | [ ]  |
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| Please confirm that the Responsible Member(s) **for each of the nominated entities that are reporting entities** (as listed in Appendix B of this document) understand those entities’ reporting requirements, outlined above. | [ ]  |
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| **PART E:****Proposed date** **of effect** | You may specify the time when the Entity proposes that the reporting nominee determination take effect ***Note:*** *This is the start date of the first reporting period for which the Entity would give a payment times report as a reporting nominee.* | ***Click to select from dropdown*** |

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| **PART F:****Supporting Documentation** | When submitting this application form, please ensure that you attach all relevant documentation in support of the application.This should include, but not be limited to:* Submissions explaining:
* why the Entity is applying to report as a reporting nominee, and
* how the proposed reporting structure would:
* align with the objects of the Act and not be contrary to the public interest,
* improve transparency of the consolidated group’s payment times and practices for users of payment times information, and
* influence whether the Entity and/or any of its nominated entities that are reporting entities are more or less likely to be identified as fast or slow small business payers,
* Documents detailing the corporate structure of the Entity’s group, including any entity/s that control the Entity and all entities the Entity controls, and
* Financial statements and any relevant management accounts.

Your supporting documents can be in the following file formats: Word document (.DOCX), portable document format (.PDF), image file (.PNG, .JPG), spreadsheet file (.XLSX, .CSV), email (.MSG) or text (.TXT). |

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| **PART G:****Approving Responsible Member****Details** | Given Name | Family Name |
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| Role Title |
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| Email address |
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|  | Date application approved by Responsible Member | ***Click to select date*** |

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| **PART H:****Submitter****Details** | Given Name | Family Name |
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| Role Title |
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| Email address |
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| **PART I:****Declaration** | * I declare that:
* I am authorised to provide the information contained in, and attached to, this form.
* I have made all necessary enquiries, and that to the best of my knowledge the responses provided in this form and any attached documents are correct and complete.
* I understand that it may be a criminal offence and/or a contravention of a civil penalty provision of the *Payment Times Reporting Act 2020* (**PTR Act**) to provide false or misleading information or documents to the Payment Times Reporting Regulator (**PTR Regulator**), including because of the omission of any matter or thing without which the information or document is false or misleading, and that this may result in the giving of infringement notices or the taking of other enforcement action.
* I understand that personal information under the *Privacy Act 1988* and protected information under the PTR Act will be collected by the PTR Regulator when this form is lodged, and that it may be shared for the purposes of the PTR Act or otherwise in accordance with law.
* there is a record of the written approval of this form by a responsible member of the Entity.
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|  | Date | ***Click to select date*** |

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| **PART J:****Submission** | Email completed form and supporting documentation to:[support@paymenttimes.gov.au](https://austreasury-my.sharepoint.com/personal/isabelle_koch_treasury_gov_au/Documents/Microsoft%20Teams%20Chat%20Files/support%40paymenttimes.gov.au) | **For more information**Web: <https://paymenttimes.gov.au/>**Need help?** <https://paymenttimes.gov.au/contact>Phone: 132 846 |

# **APPENDIX A**

Please provide relevant details for all nominated entities on whose behalf the Entity intends to report as a reporting nominee.

**Note**: Additional rows can be added if required.

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| **Name of the nominated entity**(*as per the Australian Business Register or Australian Securities and Investments Commission*) | **ABN** | **ACN/ARBN** *(if applicable)* | **Is the entity a reporting entity under section 7 of the Act?** *(Yes/No)* | **Date of consent (for Entity to be its** **reporting nominee)**(**Note**: Required only if the nominated entity is a reporting entity) |
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# **APPENDIX B**

For each of the Entity’s nominated entities listed in Appendix A that are reporting entities, please provide:

* Relevant details of the Responsible Member(s).

**Note**: Additional rows can be added if required.

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| **Name of the nominated entity** | **ABN** | **ACN/ARBN** *(if applicable)* | ***Responsible member details*** |
| ***Given name*** | ***Family name*** | ***Role*** | ***Email address*** |
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