Application to be a subsidiary reporting entity

In completing and submitting this form, the entity is applying under section 10F of the *Payment Times Reporting Act 2020* (the **Act**), for the Payment Times Reporting Regulator (the **Regulator**) to make a determination under subsection 10E(1) of the Act that the entity is a subsidiary reporting entity.

**IMPORTANT**

To make a subsidiary entity determination, the Regulator must be satisfied that:

1. the entity applying for the determination (the **Entity**) is:
	* a constitutionally covered entity, and
	* controlled by an entity that is a reporting entity under section 7 of the Act, 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.

**NOTE:** A subsidiary reporting entity has the same reporting and record-keeping responsibilities as other reporting entities. This includes reporting payments for all entities it controls.

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

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

|  |  |
| --- | --- |
| **PART B:****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 is controlled by another entity that is a reporting entity under section 7 of the Act |[ ]

|  |  |
| --- | --- |
|  | Provide details of the reporting entity that controls the Entity. |
|  | Name | ABN | ACN/ARBN (if applicable) |
|  |  |  |  |

|  |  |
| --- | --- |
| **PART C:****Reporting****Requirements** | **Important**A subsidiary reporting entity is an entity that is removed from its controlling reporting entity's group for reporting purposes. It must submit its own payment times reports. Accordingly, if the Entity is granted a subsidiary reporting entity determination:1. its payment times reports must include information about the payment terms, times and practices of the Entity and any other entities that the Entity controls at the end of the applicable reporting period, **and**
2. the information covered in (a) above must not be included in a payment times report given by the reporting entity that controls the Entity.
 |
|  |
|  | Please confirm that the Responsible Member **for the Entity** (as listed in PART F of this document) understands the Entity’s reporting requirements, outlined above. | [ ]  |
|  |

|  |  |
| --- | --- |
| Please confirm that the Responsible Member **for the reporting entity that controls the Entity** (as listed in PART F of this document) understands that entity’s reporting requirements, outlined above. | [ ]  |
|

|  |  |
| --- | --- |
|  | **Controlled entities** |
|  | Does the Entity control any entity/entities? | ***Click to select from dropdown*** |
|  | If ‘Yes’, please complete the table in **APPENDIX A** of this document to provide relevant details for all entities that the Entity controls. |

|  |  |  |
| --- | --- | --- |
| **PART D:****Proposed date** **of effect** | You may specify the time when the Entity proposes that the subsidiary entity 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 subsidiary reporting entity.* | ***Click to select from dropdown*** |

|  |  |
| --- | --- |
| **PART E:****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 subsidiary reporting entity, and
* how having the Entity report separately from its group would:
* align with the objects of the Act and not be contrary to the public interest,
* improve transparency of the Entity’s and consolidated group’s payment times and practices for users of payment times information, and
* influence whether the Entity and/or the reporting entity that controls the Entity 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 the controlling reporting entity as well as any 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). |

|  |  |
| --- | --- |
| **PART F:****Approving** **Details** | **Responsible Member for the Entity** |
| Given Name | Family Name |
|  |  |
| Role Title |
|  |
| Email address |
|  |
|  |  |
|  | Date application approved by Responsible Member | ***Click to select date*** |

|  |
| --- |
| **Responsible Member for the reporting entity that controls the Entity** |
| Given Name | Family Name |
|  |  |
| Role Title |
|  |
| Email address |
|  |
|  |
| Date application approved by Responsible Member | ***Click to select date*** |

|  |  |  |
| --- | --- | --- |
| **PART G:****Submitter****Details** | Given Name | Family Name |
|  |  |
| Role Title |
|  |
| Email address |
|  |

|  |  |
| --- | --- |
| **PART H:****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.
 |[ ]
|  |  |
|  | Date | ***Click to select date*** |

|  |  |  |
| --- | --- | --- |
| **PART I:****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 entities that are currently controlled by the Entity.

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

|  |  |  |
| --- | --- | --- |
| **Name of the controlled entity**(*as per the Australian Business Register or Australian Securities and Investments Commission*) | **ABN** | **ACN/ARBN** (if applicable) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |