Change in control – application for approval

Under section 86 of the *Offshore Electricity Infrastructure Act 2021* (the OEI Act) and section 39 of the *Offshore Electricity Infrastructure Regulations 2022* (the Regulations).

In making an application, please refer to the [Registrar Forms Guidance – Offshore Electricity Infrastructure](http://www.offshoreregistrar.gov.au/).

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**This is an approved form and may not be amended.**

## Applicant

| Applicant (Company or individual name) | Click here to enter text. |
| --- | --- |

**Note:** Only a person who proposes to begin to control or cease to control the licence holder is eligible to apply.

## Licence holder details

|  |  |
| --- | --- |
| Licence holder(A separate application is required for each transaction per licence holder) | Click here to enter text. |
| ACN/ARBN  | Click here to enter text. |

## Change in control details

Identify each person/company who will begin or cease to control the licence holder, including where the person/company is either acting alone or jointly with one or more other person(s)/companies.

| Person/Company | ACN/ARBN/Registration Number | Type of change |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Choose an item. |

|  |  |
| --- | --- |
| Expected date change in control will take effect | Click here to enter text. |

## Application Fee

| Application fee paid (section 189 of the OEI Act and section 46 of the Regulations) |  Choose an item. |
| --- | --- |

**Note:** Please provide proof of payment.

## Contact details

| Primary contact name | Click here to enter text. |
| --- | --- |
| Position held | Click here to enter text. |
| Phone | Click here to enter text. |
| Email | Click here to enter text. |

|  |  |
| --- | --- |
| The applicant consents to information being given by way of electronic communication.  | Choose an item. |

## Other required information

| Checklist | Description | Attached |
| --- | --- | --- |
|  | Provide details of the change in control. This should include any available documentary evidence of the proposed transaction. | [ ]  |

## Signatures

1. **I am/ We are signing this form as either: \***

|  |  |
| --- | --- |
| [ ]  | The Directors/Director and Secretary of an Australian registered company applicant. |
| [ ]  | The Attorney appointed under a Power of Attorney of an Australian registered company applicant. |
| [ ]  | The person/s authorised to sign to legally bind a Foreign registered company applicant (including foreign companies registered with ASIC). ∞ |
| [ ]  | The Attorney appointed under a Power of Attorney of a Foreign registered company applicant. ∞ |
| [ ]  | A natural person. |

\* *Mark the applicable box.*

*∞ See the* [Registrar Forms Guidance – Offshore Electricity Infrastructure](https://www.nopta.gov.au/offshoreregistrar.html) *for information on required evidence of signing authority/powers of attorney for foreign registered companies.*

1. **By signing this form, you confirm that the information provided in this form is true and correct.**

*Please note that giving false or misleading information is an offence under Part 7.4 of the Criminal Code Act 1995 (see in particular sections 136.1 and 137.1 of the Criminal Code Act 1995).*

### *A. If the applicant is an Australian registered company*

|  |
| --- |
| **Executed by (insert full name of company including the ACN)** |
|  |

*As a Director/ Sole Director/ Secretary, in accordance with section 127 of the Corporations Act 2001 (Cth), by:*

|  |  |
| --- | --- |
| *Signature* | *Signature* |
| *Full name (block letters)* | *Full name (block letters)* |
| *Office held (Director/Sole Director)* | *Office held (Director/Secretary) \** |
| *Date* | *Date* |

\* Record the applicable position held by the signatory. Section 127 of the *Corporations Act 2001* provides that a company may validly execute a document with or without a common seal if the document is signed by: (i) two directors of the company; (ii) a director and the secretary of the company; or (iii) where the company is a proprietary company and has a sole director who is also the sole company secretary, that director.

***OR*** *As the holder of a Power of Attorney for an Australian Registered Company*

I declare that I have a Power of Attorney authorising me to execute this Application on behalf of the Company named above, which has not been revoked as at the date of this Application.\*

|  |
| --- |
| *Signed at (location):* |
| *Signature of holder of Power of Attorney* | *Signed in the presence of: signature of Witness* |
| *Full name of Attorney (block letters)* | *Full name of Witness (block letters)* |
| *Position*  |  |
| *Date* | *Date* |

|  |  |
| --- | --- |
| **Has a copy of the Power of Attorney document previously been provided to the Registrar? \*** | Choose an item. |
| **Date of Power of Attorney**  | Click here to enter a date. |

\* A person signing as attorney for an Australian registered company must provide the Registrar with a copy of the Power of Attorney document for our records.

***OR B. If the applicant is a foreign registered company***

|  |
| --- |
| EXECUTED BY  |
| Full name of company: |
| Country of registration: |
| Registration number in country of registration: |
| Australian Registered Body Number (ARBN): |

*As person/s who can legally bind the Foreign Company, in accordance with the laws of the company’s country of incorporation, by:*

|  |  |
| --- | --- |
| *Signature* | *Signature* |
| *Full name (block letters)* | *Full name (block letters)* |
| *Office held (Director/Other) \** | *Office held (Director/Secretary/Other) \** |
| *Date*  | *Date*  |
| (If required) Signed in the presence of: *Signature of Witness* | (If required) Signed in the presence of: *Signature of Witness* |
| *Full name and address of Witness (block letters)*  | *Full name and address of Witness (block letters)*  |

\* *See the* [Registrar Forms Guidance – Offshore Electricity Infrastructure](https://www.nopta.gov.au/offshoreregistrar.html) *for information on required evidence of signing authority/powers of attorney for foreign registered companies.*

***OR*** *As the holder of a Power of Attorney for a Foreign Registered Company*

I declare that I have a Power of Attorney authorising me to execute this Application on behalf of the Foreign registered Company named above, which has not been revoked as at the date of this Application.\**∞*

|  |
| --- |
| *Signed at (location):* |
| *Signature of holder of Power of Attorney* | *Signed in the presence of: signature of Witness* |
| *Full name of Attorney (block letters)* | *Full name of Witness (block letters)* |
| *Position* |  |
| *Date* | *Date* |

|  |  |
| --- | --- |
| **Has a copy of the Power of Attorney document previously been provided to the Registrar? \*** | Choose an item. |
| **Date of Power of Attorney**  | Click here to enter a date. |

\*A person signing as attorney for a foreign registered company must provide the Registrar with a copy of the Power of Attorney document for our records.

*∞ See the* [*Registrar Forms Guidance – Offshore Electricity Infrastructure*](http://www.offshoreregistrar.gov.au/) *for information on required evidence of signing authority/powers of attorney for foreign registered companies..*

***OR C. If the applicant is a Natural Person***

|  |
| --- |
| *Full name (block letters)* |
| *Signature* |
| *Date*  |