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| [Logo] | **Services Australia****Application Form for Business**Centrepay® **(SA[XXX])** |

Consultation Draft

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| **When to use this form** | Use this form if you want to apply for your business to use Centrepay. |
| **Important information** | Before completing this application, read the Centrepay Policy for Businesses and the Centrepay Terms of Use. They are available at **servicesaustralia.gov.au/centrepaybusiness**.Words and expressions in this form have the same meanings as in the Centrepay Policy for Businesses.Giving false or misleading information is a serious criminal offence under the Commonwealth Criminal Code.If the applicant isn’t satisfied with a decision that Services Australia makes about dealing with this application, it can make a complaint to Services Australia about the matter. Complaints must include specific information listed in Part 4 of the Centrepay Policy for Businesses. |
| **Centrepay Authorised Officers** | All persons nominated in this application as Centrepay Authorised Officers and any person signing this form must verify their identities online using Provider Digital Access (**PRODA**) – a secure access to government online service.To be registered for PRODA a person needs to be listed on the Australian Business Register (**ABR**) as an associate or authorised person with access to the business ABR details. This does not apply to an applicant who is an individual where the business consists of letting accommodation as a private landlord, including a boarding house. All Centrepay Authorised Officers must have the legal authority to act on behalf of the applicant. Instructions on how to register for an individual PRODA account can be found here: **servicesaustralia.gov.au/proda**. |
| **Filling out this form** | **Use black or blue pen.**Print in BLOCK LETTERS. Answer all questions that apply to the applicant or the applicant’s business. |
| **Lodging this form** | Lodge this signed application form, together with all documents that this form says are to be provided, by sending them in pdf format as attachments to an email addressed to **ba.processing@servicesaustralia.gov.au**. The applicant will get an automated response shortly after lodging. |
| **Documents to be provided with this form** | This form may ask the applicant to provide documents to Services Australia. The applicant provides them by giving Services Australia pdf copies as part of lodging this form.Applications may not be considered for approval until copies of all requested documents have been provided. |
| **For more information** | For more information on how to complete and lodge this form, go to **servicesaustralia.gov.au/centrepaybusiness**. Send any enquiries about an application, in writing, to **ba.processing@servicesaustralia.gov.au**. |

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|  | **Services Australia****Application Form for Business**Centrepay® **(SA[XXX])** |

# **ABOUT THE APPLICANT AND THE BUSINESS**

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| Applicant’s name (this is the legal name of the business)

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| *Note: this must be the legal name of the applicant (eg ABC Pty Ltd), not the business name under which the applicant trades.*  |

Describe the business for which this application to use Centrepay is being made

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| *Example: childcare services provider, insurer, disability or community services provider.* |
| ***Check this box if the applicant is an individual and the business consists of letting accommodation as a private landlord, including a boarding house. Also go to items 16 and 23.***  |

List all trading names under which the applicant conducts the business

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**If more space is needed, provide a separate page with details.**Does the applicant have a place in Australia from which it conducts the business?¨ Yes ¨ NoApplicant’s contact details:

|  |  |
| --- | --- |
| Phone number |  |
| Web address (if there is one) |  |

Physical address

|  |
| --- |
|  |
|  |
|  |
| State Postcode |

Postal address for service of notices and other communications from Services Australia

|  |
| --- |
|  |
|  |
|  |
| State Postcode |

*Note: Other addresses may be valid for service.* | Tick the kind of entity the applicant is. **Select ONE only and follow the instructions.****Individual (sole trader)**

|  |  |
| --- | --- |
| ABN |  |
| ***Go to item 13.*** |

**Company under the *Corporations Act 2001***

|  |  |
| --- | --- |
| ACN |  |
| ABN |  |

***Go to items 7, 8, 13 and 15.*****Company under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006***

|  |  |
| --- | --- |
| Indigenous Corporation Number (ICN) |  |
| ABN |  |

***Go to items 7, 8, 13 and 15.*****Statutory corporation (including Commonwealth, State or Territory and local government corporations)**

|  |
| --- |
| What is the Act under which the applicant is incorporated? |
|  |

|  |  |
| --- | --- |
| ABN |  |

***Go to items 7, 8 and 13.*****Other government entity (including Commonwealth, State or Territory and local government authorities)**

|  |  |
| --- | --- |
| ABN |  |

***Go to item 13.*** **Partnership**

|  |  |
| --- | --- |
| ABN |  |

***Go to items 12 and 13.*** **Incorporated association**

|  |
| --- |
| What State or Territory is the applicant incorporated in? |
|  |

|  |  |
| --- | --- |
| ABN |  |
| Incorporation number (or equivalent) |  |

***Go to items 9 and 10.*** |
| **Unincorporated association**

|  |
| --- |
| What States or Territories does the applicant operate the business in? |
|  |

|  |  |
| --- | --- |
| ABN |  |

***Go to items 11 and 13.*****Other**

|  |
| --- |
| *Specify:* |

**The following items relate to particular kinds of entities. Only fill in the information that relates to the kind of entity that the applicant is.**(Company under the Corporations Act or Corporations (Aboriginal and Torres Strait Islander) Act)Who are the applicant’s directors?

|  |  |  |
| --- | --- | --- |
| **1** | Name |  |
|  | Director ID |  |

|  |  |  |
| --- | --- | --- |
| **2** | Name |  |
|  | Director ID |  |

**If more than 2 directors, provide a separate page with details.**Who are the applicant’s Chief Executive Officer (**CEO**) and Company Secretary, or equivalents?

|  |
| --- |
| CEO or equivalent |
| Name |  |
| Position/title |  |
| Director ID |  |
| Company secretary or equivalent |
| Name |  |
| Position/title |  |

(Incorporated association) Who are the members of the applicant’s board, committee of management or equivalent?

|  |  |  |
| --- | --- | --- |
| **1** | Name |  |
|  | Position/title |  |

|  |  |  |
| --- | --- | --- |
| **2** | Name |  |
|  | Position/title |  |

**If more than 2 members, provide a separate page with details.**Who is the applicant’s CEO or equivalent?

|  |  |
| --- | --- |
| Name |  |
| Position/title |  |

 | (unincorporated association)Who are the members of the applicant’s board, committee of management or equivalent?

|  |  |  |
| --- | --- | --- |
| **1** | Name |  |
|  | Phone |  |
|  | Email |  |
|  | Address |  |
|  |  |  |
|  |  |  |
|  |  | State Postcode |

|  |  |  |
| --- | --- | --- |
| **2** | Name |  |
|  | Phone |  |
|  | Email |  |
|  | Address |  |
|  |  |  |
|  |  |  |
|  |  | State Postcode |

**If more than 2 members, provide a separate page with details.**(Partnership)Who are the partners in the partnership?*For partners who are individuals:*

|  |
| --- |
| Name |
|  |
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|  |
|  |

**If more than 4 partners are individuals, provide a separate page with details.***For partners who are not individuals (eg companies or statutory bodies):*

|  |  |  |
| --- | --- | --- |
| **1** | Name |  |
|  | Type of entity **(see item 6)** |  |
|  | ACN (if applicable) |  |
|  | ABN  |  |
|  | ARBN(if applicable) |  |

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|

|  |  |  |
| --- | --- | --- |
| **2** | Name |  |
|  | Type of entity **(see item 6)** |  |
|  | ACN (if applicable) |  |
|  | ABN  |  |
|  | ARBN(if applicable) |  |

**If more than 2 partners are not individuals, provide a separate page with details.****Provide a separate page with the information required by items 7, 8, 9 and 10 for each partner who is not an individual.**Is the applicant operating the business as trustee of a trust?¨ Yes ***Go to item 14.*** ¨ No ***Go to item 15.*** If yes, is the applicant entitled to be indemnified out of the assets of the trust?¨ Yes ¨ No If the applicant is a company under the Corporations Act or Corporations (Aboriginal and Torres Strait Islander) Act, list all the related bodies corporate of the applicant (eg subsidiaries, parent companies):*Note: a predecessor business counts as a related body corporate.*

|  |  |  |
| --- | --- | --- |
| **1** | Name |  |
|  | Type of entity **(see item 6)** |  |
|  | ACN (if applicable) |  |
|  | ABN  |  |
|  | ARBN(if applicable) |  |

|  |  |  |
| --- | --- | --- |
| **2** | Name |  |
|  | Type of entity **(see item 6)** |  |
|  | ACN (if applicable) |  |
|  | ABN  |  |
|  | ARBN(if applicable) |  |

**If more than 2 related bodies corporate, provide a separate page with details.****If there are more than 5 related bodies corporate, provide a structure diagram showing the corporate relationships between them and the applicant.****Provide a separate page with the information required by items 7, 8, 9 and 10 for each related party that is a body corporate.** | If the applicant is a private landlord **(see item 2)**, what are the addresses of the properties the applicant rents or operates?

|  |  |
| --- | --- |
| **1** |  |
|  |  |
|  |  |
|  |  State Postcode |

|  |  |
| --- | --- |
| **2** |  |
|  |  |
|  |  |
|  |  State Postcode |

**If more than 2 properties, provide a separate page with details.**The applicant’s bank account into which payments are to be made:Financial institution

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Branch number (BSB) |  |
| Account number |  |
| Account name | *Note: The account name must be the applicant’s correct name* |

If the applicant has previously been approved to use Centrepay, the applicant’s current or previous Customer Reference Number (**CRN**)

|  |
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Not applicable (the applicant has not previously been approved to use Centrepay)**If more than 1 reference number, provide a separate page with details.*****Note:*** *A business’s* ***key management personnel*** *are the people with authority and responsibility for planning, directing and controlling the activities of a business, directly or indirectly, including any director (whether executive or otherwise) of that business.*If the applicant, any of the Key Management Personnel of the applicant or a related body corporate have previously applied for approval to use Centrepay or other services provided by Services Australia, and the application was not successful: *Note: this includes applications that were refused or withdrawn. A predecessor business also counts as a related body corporate.*

|  |  |
| --- | --- |
| CRN |  |
| Date |  |
| Provide details |  |

If the applicant, any of the Key Management Personnel of the applicant or a related body corporate have had a Centrepay contract terminated for default within the previous 12 months:*Note: a predecessor business also counts as a related body corporate.*What was the date of termination?

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| Who are the Centrepay Authorised Officers for the applicant?

|  |  |  |
| --- | --- | --- |
| **1** | Name |  |
|  | Title/Position |  |
|  | Phone |  |
|  | Email |  |
|  | PRODA Registration Authority Number |  |

|  |  |  |
| --- | --- | --- |
| **2** | Name |  |
|  | Title/Position |  |
|  | Phone |  |
|  | Email |  |
|  | PRODA Registration Authority Number |  |

**If more than 2 Centrepay Authorised Officers, provide a separate page with details.***Note: the role of a Centrepay Authorised Officer is set out in clause 2.3 of the Centrepay Policy for Businesses.*  | Who are the Centrepay Contact Officers for the applicant?

|  |  |  |
| --- | --- | --- |
| **1** | Name |  |
|  | Title/Position |  |
|  | Phone |  |
|  | Email |  |

|  |  |  |
| --- | --- | --- |
| **2** | Name |  |
|  | Title/Position |  |
|  | Phone |  |
|  | Email |  |

**If more than 2 Centrepay Contact Officers, provide a separate page with details.***Note: the role of a Centrepay Contact Officer is set out in clause 2.3 of the Centrepay Policy for Businesses.*If the applicant is a private landlord **(see item 2)**, what is the applicant’s PRODA Registration Authority Number?

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# **Payments and service reasons**

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| --- | --- |
| What payments does the applicant want to be approved to use Centrepay for? Each item below lists the payment type and the service reason associated with that payment type.**Select ALL that apply and follow any instructions in column 3** | *Note: more information about payment types is in Schedule 1 of the Centrepay Terms of Use. The applicant can’t use Centrepay for payment types in Schedule 2 of the Centrepay Terms of Use.* |
| **Boarding house accommodation** | Payments for board and lodging that the applicant provides in shared accommodation. | ¨***Go to items 54, 55.*** |
| **Supported accommodation** | Payments of fees and charges for accommodation the applicant provides that is:* accommodation of a kind generally known as a retirement home, nursing home, respite accommodation, an aged care home or hospice accommodation
* residential accommodation, where the accommodation is intended to support people with a disability.

Payment for goods or services the applicant provides to a resident or in patient in these types of accommodation. | ¨***Go to items 54, 55.*** |
| **Caravan parks** | Payments of rental or site costs for a site, or other residential accommodation, that the applicant provides in a caravan park. This does not cover holiday accommodation. | ¨***Go to items 54, 55.*** |
| **Short-term accommodation** | Payments for short-term residential accommodation the applicant provides. This does not cover holiday accommodation.*Examples: emergency accommodation, sheltered and other crisis accommodation, motel or hotel accommodation for residential use, sites or other mobile residential accommodation you provide on a short-term basis outside a caravan park.* | ¨***Go to items 54, 55.*** |
| **General community housing** | Payments of rent, or licence or occupation fees, for accommodation that the applicant provides. This does not cover holiday accommodation. | ¨***Go to items 54, 55 and 56.*** |
| **Private landlords** | Payments of rent, or licence or occupation fees, for accommodation that the applicant provides in private accommodation. This does not cover holiday accommodation. | ¨***Go to items 54, 55.*** |
| **Real estate and property management agents** | Payments of rent, or licence or occupation fees, in respect of a residential property, collected in the applicant’s capacity as a real estate agent or property manager. | ¨***Go to items 54, 55 and 58.*** |
| **Child care services** | Payments for child care services that the applicant provides that are child care services for which child care subsidy is payable under the *A New Tax System (Family Assistance) Act 1999*.*Note: the kinds of child care services include centre based day care services, family day care services, outside school hours care services and in home care services. The Minister may also prescribe other kinds of child care for this purpose (see Child Care Subsidy Minister’s Rules 2017).* | ¨***Go to items 54, 55 and 59.*** |
| **Education expenses** | Payments of fees and charges for education services the applicant provides.*Note: This item covers only pre-school, a primary school and a secondary school. However, education services provided at a tertiary intuition that are incidental to pre-schooling, primary schooling or secondary schooling are covered.*Payments for goods or services the applicant provides that relate to education provided at a pre-school, a primary school or a secondary school. This item includes payments in respect of lay-by arrangements. | ¨***Go to items 54, 55 and 60.*** |
| **School nutrition programs** | Payments for goods and services the applicant provides to a student as part of a nutrition program for school students at a pre-school or a primary or secondary school. | ¨***Go to items 54, 55.*** |
| **Community group loans** | Payments by way of repayment of principal in respect of a written loan that is advanced by the applicant. | ¨***Go to items 54, 55, 56 and 61.***  |
| **No interest loans** | Payments by way of repayment of principal, or payment of charges or costs, in respect of a written loan advanced the applicant. | ¨***Go to items 54, 55, 56 and 62.*** |
| **General community housing loans** | Payments by way of repayment of principal, or payment of charges or costs, in respect of a written housing loan advanced by the applicant. | ¨***Go to items 54, 55, 56 and 61.*** |
| **Special interest loans** | Payments by way of repayment of principal, or payment of charges or costs, in respect of a loan advanced by the applicant. | ¨***Go to items 54, 55 and 61.***  |
| **Insurance services** | Insurance premiums, and excesses or deductibles, on motor vehicle, third party property damage, home buildings and home contents insurance. | ¨***Go to items 54, 55.****Note: There are some restrictions on the terms of the policies set out in Schedule 1 of the Centrepay Terms of Use.* |
| **Ambulance services** | Payments in respect of ambulance services or patient transport services, including associated services, that the applicant provides. | ¨***Go to items 54, 55.*** |
| **Medical services and equipment** | Payments for medical and similar services (such as dental, optical or hospital services) or medical or similar equipment (such as wheelchairs) the applicant provides.This item includes payments in respect of lay-by arrangements for equipment.Payments for purchases of any goods or services from the applicant’s pharmacy. | ¨***Go to items 54, 55 and 60.*** |
| **Disability and community services** | Payments for goods and services that the applicant provides related to disability or community services.*Examples: travel and transport, education and training programs, meal preparation, home-care services, personal allowance items, therapy services, child and family contact services, support and assistive equipment.* | ¨***Go to items 54, 55.*** |
| **Veterinary services** | Payments for veterinarian services and associated goods the applicant provides for domestic pets, or deposits in respect of those services or goods. | ¨***Go to items 54, 55.*** |
| **Homecare and trade services** | Payments for:* in home-care services the applicant provides in a residence
* trade services the applicant provides in a residence, or
* “Meals on Wheels” or similar services the applicant provides.
 | ¨***Go to items 54, 55.******If the applicant provides “Meals on Wheels” or similar services, also go to items 63 and 64.*** |
| **Provision of food: remote and very remote areas** | Payments for food and personal items the applicant provides. | ¨***Go to items 54, 55, 65, 66 and 67.*** |
| **Court fines** | Payments in respect of a fine or penalty imposed by a court.Payments in respect of any other amount that a court has ordered be paid in respect of an offence, including compensation and court or other costs. | ¨***Go to items 54, 55.*** |
| **Infringements** | Payments under an infringement or penalty notice scheme established by legislation. *Examples: speeding infringement notices and parking infringement notices.* | ¨***Go to items 54, 55.*** |
| **Legal services** | Payments, and payments in respect of deposits for costs and fees, for legal services the applicant provides under legal aid arrangements (however described) or at reduced or discounted rates. | ¨***Go to items 54, 55.*** |
| **Transport services** | Payments, and payments in respect of deposits for costs and fees, for travel or transport services that the applicant provides. *Examples: travel for “return to country”, general transportation costs. Examples of what isn’t covered: storage of goods, removals services.* | ¨***Go to items 54, 55.*** |
| **Council services** | Payments in respect of rates the applicant imposes, or charges that the applicant imposes for local government services that the applicant provides under legislation. *Examples: land rates, sewerage charges, charges for services.* | ¨***Go to items 54, 55.*** |
| **Electricity** | Payments for electricity connection, or electricity supply, to a residence. | ¨***Go to items 54, 55, 68 and 69.*** |
| **Gas** | Payments for gas connection, or gas supply, to a residence. | ¨***Go to items 54, 55, 68 and 69.*** |
| **Telecommunications** | Payments for telecommunication services the applicant provides, or which the applicant arranges for a third party provider to provide. *Examples: fixed telephone lines, mobile telephone services, internet services, data services.* | ¨***Go to items 54, 55.*** |
| **Water** | Payments for water connection, or water supply, to a residence. | ¨***Go to items 54, 55, 68 and 69.*** |

# Authorisations and conditions

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List the authorisations the applicant needs to operate the business or provide the goods or services

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Provide evidence that the applicant holds all these authorisations.**The following items relate to specific service reasons. Only complete the questions below where directed in Part B.**Is the applicant registered under the *Australian Charities and Not-for-profits Commission Act 2012*? ¨ Yes ***Go to item*** ***57.*** ¨ NoIf yes, what is the applicant’s registration number?

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Is the applicant engaged by the owner of the residential property to manage the property?¨ Yes ¨ NoIs the applicant eligible to receive childcare subsidy payments from the Commonwealth?¨ Yes ¨ NoIf the applicant offers lay-by arrangements for goods and services the applicant provides, provide a copy of the applicant’s lay-by policy.¨ Not applicable (the applicant doesn’t offer lay-by arrangements)Does the applicant have a clear, simple and easy to use written process that customers can use to make a complaint regarding the applicant’s conduct in respect of a loan; and a process for fairly dealing with those complaints? ¨ Yes ¨ NoIs the applicant registered with Good Shepherd Australia New Zealand?¨ Yes ¨ No Does the applicant provide the services on a not-for-profit basis?¨ Yes ¨ NoIs the applicant a member of Meals on Wheels Australia?¨ Yes ¨ No | Does the applicant operate a retail community store from which it provides the items?¨ Yes ¨ NoDoes the store from which the applicant provides the items sell primarily meat or meat products?¨ Yes ¨ NoWhere is the store?What is its address?

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|  |  |
|  |  State Postcode |

 **If more than 1 address, provide a separate page with details.**Does the applicant supply the services as a business?¨ Yes ¨ NoIf the applicant does not supply the service to a residence, is the applicant engaged by the supplier to arrange for and manage the supply?¨ Yes ¨ No |

# Eligibility requirements

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| --- | --- |
| The applicant must satisfy these eligibility requirements to be approved to use Centrepay: |  |
| * the applicant must be a legal person
 | ***See item 6.*** |
| * the applicant must have place of business in Australia
 | ***See item 4.*** |
| * the applicant must have an ABN or ARBN
 | ***See item 6.****Note: The applicant doesn’t need an ABN or ARBN if the business is that of a private landlord only.* |
| * the applicant must satisfy all authorisation requirements
 | ***See items 54, 55.*** |
| * the applicant must offer to Centrelink customers the goods or services for which the applicant is seeking payment
 | Does the applicant meet this requirement?¨ Yes ¨ No |
| * the applicant must have a clear, simple and easy to use complaints handling and resolution process that meets the requirement in clause 4.6 of the Centrepay Policy for Businesses
 | Does the applicant meet this requirement?¨ Yes ¨ No |
| * the applicant must satisfy the additional applicable specific requirements in column 4 of schedule 1 of the Centrepay Terms of Use.
 |  |

# Fit and proper requirements

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| --- | --- |
| Has the applicant or any of its key management personnel:  | *Note: A business’s* ***key management personnel*** *are the people with authority and responsibility for planning, directing and controlling the activities of a business, directly or indirectly, including any director (whether executive or otherwise) of that business.* |
| * been convicted or found guilty of robbery, theft, fraud, or a similar offence involving deception?
 | ¨ Yes ¨ NoIf yes, provide details

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*Note: The applicant is not required to disclose spent convictions.* |
| * been convicted or found guilty of a serious criminal offence the maximum penalty for which is or is more than 12 months’ imprisonment?
 | ¨ Yes ¨ NoIf yes, provide details

|  |
| --- |
|  |

 |
| * had a civil penalty imposed for breach of an applicable law?
 | ¨ Yes ¨ NoIf yes, provide details

|  |
| --- |
|  |

  |
| * been investigated, or are any of them being investigated, by a Commonwealth, State or Territory government agency for a breach of an applicable law?
 | ¨ Yes ¨ NoIf yes, give details of the outcome, including any enforcement action

|  |
| --- |
|  |

 |
| * able to pay their debts as they fall due?
 | ¨ Yes ¨ NoIf yes, give details

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# Evaluation criteria

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| --- | --- | --- |
| Describe the financial capacity and technical capabilities the applicant has that will enable the applicant to perform their obligations in relation to Centrepay: |

|  |
| --- |
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 |
| Describe how complaints about the applicant during the past 2 years have been resolved, excluding the extent to which they have been resolved in favour of the complainants:  |

|  |
| --- |
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 |
| What other payment methods, apart from Centrepay, does the applicant offer customers? | Select **ALL** that apply:¨ No other payment methods ¨ Cash¨ Credit card ¨ Debit card¨ EFTPOS ¨ Bank direct debit¨ Billpay ¨ BPAY¨ Other – give details

|  |
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| To what extent does the applicant rely on Centrepay to fund the business’s operations? *(For example: what percentage of annual revenues of the applicant comes from, or does the applicant expect to come from, Centrepay payments?)* |

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# Centrelink electronic systems

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| How often does the applicant want to receive Centrepay deduction and payment reconciliation reports? **Select ONE only**dailyweeklyfortnightly | In what format would the applicant like the reports? **Select ONE only**HTMLCSV file |

# Offer to enter into a centrepay contract

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| This form is an offer by the applicant to enter into a Centrepay contract with the Commonwealth, represented by Services Australia, on the terms of the Centrepay Terms of Use and an approval letter from Services Australia consistent with this application.**The applicant declares** that all of the information about it in this form is accurate and complete.**The applicant agrees** to tell Services Australia within 2 business days if any of the information in this application changes.**The applicant consents** to Services Australia and the Commonwealth using and disclosing confidential or personal information about it for the purposes of:* considering this application
* performing its functions in relation to any resultant Centrepay contract, and
* performing its function in relation to the administration of the Centrepay scheme.

**The applicant agrees** that, without limiting any other power of Services Australia, Services Australia may disclose information collected in (or in connection with) this application to, or collect information relevant to this application from, regulatory bodies or other State and Commonwealth departments and agencies, credit reference agencies, consumer groups, community or welfare organisations, or law enforcement agencies:* to assess this application
* to administer, evaluate and monitor the operation of Centrepay in accordance with the Centrepay Policy for Business and Centrepay Terms of Use
* on request from regulatory bodies or other local, State, Territory or Commonwealth departments and agencies or
* otherwise as set out in 3.8 of the Centrepay Policy for Businesses.

By lodging this application for approval, **the applicant agrees** that that the Centrepay Policy for Businesses does not create any rights, express or implied, for the applicant except for confidentiality rights and rights about complaints as specified in the Centrepay Policy for Businesses. |

*Note: see 2.6 of the Centrepay Policy for Businesses for instructions on who needs to sign this form.*

**Executed by:**

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| **Signatory 1**

|  |  |
| --- | --- |
| Signature |  |
| Print name |  |
| Position/title |  |
| Director ID (if relevant) |  |
| PRODA Registration Authority Number |  |
| By my signature I warrant that I am authorised to bind the applicant. |

 | **Signatory 2** (if relevant)

|  |  |
| --- | --- |
| Signature |  |
| Print name |  |
| Position/title |  |
| Director ID (if relevant) |  |
| PRODA Registration Authority Number |  |
| By my signature I warrant that I am authorised to bind the applicant. |

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