

*“Advice is provided along a continuous spectrum. You can scale all types of advice, including advice about complex issues.”*  
*ASIC regulatory guide 244*

## **Application for New Authorised Representatives**

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**Consilium advice Pty Ltd (Consilium’)**

**ABN 86 158 826 647**

**Australian Financial Services Licence Number 424974**

**Address:** Level 9, 48 Hunter Street, Sydney NSW 2000

**Telephone:** Mike O’Dea on 0449 935 821

**Email:** [mike@consiliumgroup.com.au](mailto:mike@consiliumgroup.com.au)

In the following document, Consilium, we, us, and our, refers to Consilium advice Pty Ltd.

Please complete this application form if you wish to apply to be appointed as an authorised representative of Consilium and act on behalf of Consilium in providing financial services to clients under the provisions of corporations’ law.

Please read the form in full, carefully complete it, together with any attachments and return the documents to our offices so we may assess your suitability for appointment as an authorised representative.

You must not represent yourself as an authorised representative of Consilium until such time that you are notified in writing of your appointment.

## Licensing Options

Consilium offers a range of options tailored to meet the needs of your practice and clients. Broadly, these options include:

1. Limited financial advice
2. Personal advice
3. General advice

These services can be provided to both retail and wholesale clients.

For definitions of each licensing option, please refer to attachment a: Consilium advice options. Please nominate the licensing option(s) you would like to use from the table below.

## Authorisation Requirements & Options

Authorisation Options	Yes / No	Limited Personal General
Deposit and payment products – non-basic deposit products	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Government debentures, stocks or bonds	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Life products:		
Investment life risk products	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Life risk insurance products	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Managed investments schemes, including IDPS	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Retirement savings account products	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Securities – asx300 listed securities, exchange traded funds (ETFs). [any other securities on individual approval]	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Superannuation – public offer funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Superannuation - SMSF	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Standard margin lending facility [reviewed on application]	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comprehensive (all of the above)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other authorisation:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Free field	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Other Areas That May Be of Interest:

Estate planning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aged care	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax (financial) advice – if not currently a registered tax agent	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Your Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:			
First Name				
Middle Name				
Surname				
Preferred Name				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth	/ /			
Suburb/City of Birth				
State of Birth				
Country of Birth				

## Home Address

Residential Street			
Suburb		State	
Country		Postcode	
Postal Address			
Suburb		State	
Country		Postcode	
Home Phone	( )		
Mobile			
Email Address			
Alternative Email Address			

## Authorisation Information

Are you currently, or have you previously been authorised?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, please provide your ASIC AR &/or CAR No's:	AR No:	
			CAR No:	
Current Licensee Name			AFSL No:	
Authorisation type:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporate <input type="checkbox"/> Both			
Employment Status	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Corporate/Principal (business owner) <input type="checkbox"/> Corporate/Partner <input type="checkbox"/> Employee			
If an Employee, is this the/to be the Corporate Authorised Rep?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Your Company/Office Title	<input type="checkbox"/> Sole Director <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Other: _____			
Registered Tax Agent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Registered No:		
Registered Tax (Financial) Adviser	Yes <input type="checkbox"/> No <input type="checkbox"/>	Registered Individual No:		
		Registered Corporate No:		

## Corporate Authorisation Details

Company/Trustee Name:			
Trust Name:			
Registered Business Name			
ABN of Company/Trustee (if a Trust structure, provide the ABN for the Trustee)			
Registered for GST	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## Business Address

Business Street			
Suburb			
State		Postcode	
Postal Address			
Suburb			
State		Postcode	

Business Phone	(    )
Business Fax	(    )
Business Mobile	
Business Email Address	
Alternative Email Address	

## Employer Details

Company Name or Trustee Name	
Trust Name	
Business Name	
Business Number	
ABN of Company/Trustee <small>(if Trust structure, provide the ABN for the Trustee)</small>	
Registered for GST	Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Street Address	
Suburb	
State	Postcode
Postal Address	
Suburb	
State	Postcode
Business Phone	
Business Mobile	
Email Address	
Alternative Email Address	
Director Name	
Director/Secretary Name	
Your Title/Position	

## Bank Account Details

CONSILIUM charges a flat monthly fee for each Authorised Representative, including Professional Indemnity (PI) Insurance. Please provide the details of the bank account from which CONSILIUM can deduct the monthly fee.

### Bank Account Details for Monthly Licensing Fee Deductions

Bank	
Branch Location	
Account Name	
BSB	
Account Number	

**Bank Account Details - Income Payments**    **Same as above**    Yes     No

If NO, please provide additional bank details below.

Bank	
Branch Location	
Account Name	
BSB	
Account Number	

## Existing Business

<p>Do you have clients to Transfer?  <i>If so, please provide copies of:</i>  <i>Client Listing (client names)</i>  <i>Adviser Codes (by product provider)</i>  <i>Fee &amp; Commission Reports (last 3 months)</i>  <i>CPD/Training Register (last 2 years)</i>  <i>Compliance/Audit Reports (last 2 reports)</i>  <i>Current/Previous FSG (incl Adviser Profile, if separate)</i></p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
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Current Licensee			
AFSL Number			
Contact Name at AFSL			
Contact Email			
Contact Phone No.			
Do you have a client database and/or financial planning software to transfer	Yes <input type="checkbox"/> No <input type="checkbox"/>	System Name	

## Statement of Personal Information

<b>Within the last 10 years, within Australia and/or overseas:</b>	
Have you been the subject of any findings, judgement or current proceedings, in relation to fraud, misrepresentation or dishonesty, in any administrative, civil or criminal proceedings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Further Information:</b>	
2. Have you been refused, restricted, banned or disqualified to carry on any trade, business or profession for which a specific license or registration is required by law (includes as an AFS Licensee and as a Representative)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Further Information:</b>	
3. Have you been refused membership, suspended from membership, removed from membership or disciplined by, any professional body, industry association or business organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Further Information:</b>	
4. Are there any outstanding debts with any insurance company, fund manager or Australian Financial Services Licensee, relating to you personally or an entity as a result of your involvement with it?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Further Information:</b>	
5. Have you ever been the subject of adverse findings, disciplinary proceedings or an investigation by a government regulatory body e.g. ASIC, ATO, APRA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Further Information:</b>	
6. Have you ever been declared bankrupt or entered into a Part IX or Part X Debt Agreement under the <i>Bankruptcy Act 1966</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Further Information:</b>	
7. Have you been engaged in the management of any entity that was declared insolvent or have had an external administrator appointed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Further Information:</b>	
8. Have you ever been the subject of a Professional Indemnity Claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Further Information:</b>	
9. Have you been the subject of any complaint made to an external Complaints Resolution body or scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Further Information:</b>	
10. Have you ever been engaged in the management of any entity that has had its license or registration revoked under the <i>Superannuation (Supervision) Act 1993</i> or <i>Corporations Act 2001</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Further Information:</b>	

## About Your Practice

<b>Premises</b>	
1. Do you own or lease your current office space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you planning to move office within the next 2 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you have internal and external signage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please describe below the form and content of the signage:	
<b>Staff – Type of Staff</b>	<b>No.</b>
Full-time	
Part-time	
Casual	
Contract	
Principals	
Executive Directors	
Non-Executive Directors	
Other	

## Practice Principals/Directors

<b>Practice Principal Names</b>	<b>Principal Yes/No</b>	<b>Executive Director Yes/No</b>	<b>Non-Executive Director Yes/No</b>



## Sub-Authorised Representatives

**[If you are a Corporate Authorised Representative (CAR) of a Licensee, please list below advisers who you have sub-authorized under your CAR]**

<b>Adviser Name</b>	<b>Authorisation</b>

## Staff Roles

**Type of roles currently performed by your staff (e.g. Advice, Para-planning, Operations, Administration, Marketing/Business Development)**

<b>Staff Name</b>	<b>Role</b>

## Clients

<b>Clients</b>	<b>Number</b>
Total no. of clients	
Total no. of potential clients in the pipeline	
<b>Demographic composition of your client base</b>	<b>Number</b>
21 – 30	
31 – 40	
41 – 54	
55 – 65	
Over 65	



## Compliance / Legal

<b>Professional Indemnity (PI) Insurance</b>	
Do you currently have PI Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, Insurer Name:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the current policy contain run-off cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide copies of your PI Policy & Certificate of Currency (attach to this form).	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Audit Reports</b>	
Do you have the last 2 years audit reports from your current licensee? Copies are required for each Authorised Representative	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copies of the last 2 years Audit Reports are attached for each Authorised Representative	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Complaints &amp; Breaches</b>	
Have you been the subject of any client complaints in the past 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were any of these complaints subject to a FOS investigation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copies of client's complaints & FOS documentation provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Training &amp; Professional Development</b>	
Do you have the last 2 years Training Registers for each of your Authorised Representatives?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copies of Training Registers provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Alternative Remuneration Register</b>	
Do you have the last 2 years Alternative Remunerations Register for each of your Authorised Representatives?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copies of Alternative Remuneration Registers provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Approved Product List</b>	
Does your current licensee impose any restrictions on the products approved on its APL? If YES, please provide details by Authorised Representative	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your current licensee has allowed you to use Non-Approved Products, please provide details	

### External Research Providers

<b>Name of Research Provider</b>	<b>Type of research provided (Investment/Shares/Insurance/Super)</b>	<b>Fee Charged (\$)</b>

### Client Reviews

Are your Fee Disclosure Statements (FDS) up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, please provide further details	
Do you provide a structured client review program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide further details or attach details	

## Your Declaration

I hereby declare that if this application for Authorised Representative is approved, I agree to the following:

1. I will abide by all conditions and limitations placed upon Authorised Representatives by CONSILIUM.
2. I agree to provide CONSILIUM with any information they request, authorise them to obtain information about me from other parties and authorise them disclose information about me to other parties, to assist CONSILIUM in fulfilling their responsibilities to Regulators and other parties.
3. I will comply with the provisions of Corporations Law in all respects.
4. I will maintain my continuing professional development hours in accordance with the requirements of CONSILIUM and the Australian Securities & Investments Commission.
5. I declare that I am not bound by a restriction of trade or restraint period from any previous Licensee.
6. I will indemnify CONSILIUM for any costs incurred by them on my behalf.
7. I undertake to advise CONSILIUM, for so long as I am an authorised representative, of any changes that occur in respect of the details I have provided in this form.
8. I accept should any information within this form be found to be untrue or incorrect, my status as an Authorised Representative may be terminated by CONSILIUM.

I declare that all statements made in this application to become an Authorised Representative of CONSILIUM are true and correct.

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**Applicant's signature**

**Date**

**Where you are to be authorised under a CORPORATE AUTHORISED REPRESENTATIVE or you are an Employee:**

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**Company-Director/Trustee or Employer signature**

**Company Director/Secretary/Trustee or Employer signature**

Date	/ /	Date	/ /
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# Consilium Approval

# (Office Use Only)

I approve this applicant to become an Authorised Representative of Consilium Advice Pty Ltd

**Signature**

**Date**

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**Name**

**Position**

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**Signature**

**Date**

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**Name**

**Position**

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