

#### Offshore Electricity Infrastructure (Offshore Infrastructure Registrar) Approved Form 2024 No.2

Approved forms for making certain applications under the Offshore Electricity Infrastructure Act (the OEI Act) and the Offshore Electricity Infrastructure Regulations 2022 (the Regulations)

I, Graeme Albert Waters, the Offshore Infrastructure Registrar

**APPROVE** under section 307 of the OEI Act and sections 39 of the Regulations, the following forms:

Schedule 1. Application for approval of change in control of licence holder

This Approval has effect from 8 July 2024.

Graeme Albert Waters

Offshore Infrastructure Registrar

8/07/2024

## 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 <u>Registrar Forms Guidance – Offshore Electricity Infrastructure.</u>

For information about how the Registrar collects, uses and discloses personal information, please refer to <a href="https://www.nopta.gov.au/privacy.html">https://www.nopta.gov.au/privacy.html</a>

#### 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 |
|-----------|---|----------|
| 1         | 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: *   |   |  |
|--|---|--|
| <ul> <li>□ The Directors/Director and Secretary of an Australian r.</li> <li>□ The Attorney appointed under a Power of Attorney of a The person/s authorised to sign to legally bind a Foreig registered with ASIC). ∞</li> <li>□ The Attorney appointed under a Power of Attorney of a A natural person.</li> <li>Mark the applicable box.</li> <li>See the Registrar Forms Guidance – Offshore Electricity Infrastructure for inforeign registered companies.</li> </ul> | an Australian registered comp<br>n registered company applica<br>a Foreign registered company | nt (including foreign companies applicant. ∞ |
| 2. By signing this form, you confirm that the information prepared that giving false or misleading information is an offence under Proof the Criminal Code Act 1995).  |   |  |
| A. If the applicant is an Australian registered company  |   |  |
| Executed by (insert full name of company including the AC  | N)  |  |
|  |   |  |
|  |   |  |
| As a Director/ Sole Director/ Secretary, in accordance with sect   | ion 127 of the Cornorations Ac  | t 2001 (Cth) hv:                             |
| As a Directory sole Directory Secretary, in accordance with sect   | ion 127 of the corporations Act   | 1 2001 (Cili), 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 Co with or without a common seal if the document is signed by: (i) two director the company is a proprietary company and has a sole director who is also the  | s of the company; (ii) a director and t   | he secretary of the company; or (iii) where  |
| <b>OR</b> As the holder of a Power of Attorney for an Australian Reg   | gistered Company  |  |
| I declare that I have a Power of Attorney authorising me to exwhich has not been revoked as at the date of this Application  |   | alf of the Company named above,              |
| 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  |  |
|  | 1   |  |
| Has a copy of the Power of Attorney document previously been p   | 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.

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#### 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)              |

<sup>\*</sup> See the <u>Registrar Forms Guidance – Offshore Electricity Infrastructure</u> 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.\* $\infty$ 

| 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. |

<sup>\*</sup>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 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                      |  |
|                           |  |