



# **Relevant Consolidation Transaction**

Chapter 6 of the *Duties Act 2008* - section 259

Please tick the appropriate box

**Exemption application** under section 262

Pre-transaction decision request under section 261(2)

If this is a pre-transaction decision request, complete this form as if the relevant acquisition had taken effect.

If the transaction to which the request relates has been entered into before the Commissioner makes a decision, the Commissioner must refuse the pre-transaction decision request.

## Instructions

Chapter 6 of the *Duties Act 2008* (Duties Act) provides for an exemption from duty where acquisitions on which landholder duty is chargeable are made solely for the purposes of a corporate consolidation.

For further details as to eligibility and the definitions of terms used, please refer to the Duties Act and to <u>Duties Fact Sheet 'Duty Exemption – Entity Restructuring'</u>, which is available from the website.

All sections of this form must be completed and any additional supporting information that is requested is to be attached and numbered according to the section to which it refers. The completed acquisition statements for both steps of the consolidation should also be provided (if more than one acquisition occurred) in draft if this is a pre-transaction decision request.

### General requirements

#### 1. Details of affected entity

Name of Corporation			
ABN	Date of Incorporation	/ /	State of Registration
OR			
Name of Unit Trust Scheme			
Date of Establishment /	/ Name o	f trustee	
Corporation/Trustee address			
			Postcode

2.	Details of head entity						
	Name of Corporation						
	ACN	Date of Inc	orporation	/	/	State of Regis	tration
	OR						
	Name of Unit Trust Scheme						
	Date of Establishment	/ /	Name o	f truste	e		
	Corporation/Trustee address	;					
						Postcode	
	Note: when providing the info space. Also provide extracts and/or Change to Company I Head Entity or Affected Entit rights attached to each class	from the reg Details (form 4 Ty has multiple	isters of sha 484) as appro e classes of	reholde opriate shares	ers or u from AS or units	nit holders, or ( SIC, as at the re , please provide	Company Extracts levant times. If the e full details of the
3.	Holders of the affected enti	ty's securitie	s <u>before</u> the	corpo	rate cor	nsolidation	
	Name				Shai	res/units held	
	Name				Shai	res/units held	
	Name				Shai	res/units held	_
	Name				Shai	es/units held	
4.	Holders of the affected enti	ty's securitie	s <u>after</u> the c	orpora	te cons	olidation	
	Name				Shai	res/units held _	
	Name				Shai	res/units held _	
	Name				Shai	res/units held _	
	Name				Shai	res/units held _	
5.	Holders of the head entity's	securities be	efore the con	porate	consol	idation	
	Name				Shai	es/units held	
	Name				Shai	es/units held	
	Name				Shai	res/units held	
	Name				Shai	res/units held _	
6.	Holders of the head entity's	securities <u>af</u>	<u>ter</u> the corp	orate c	onsolid	ation	
	Name				Shai	res/units held	
	Name				Shai	res/units held	
	Name				Shai	es/units held	
	Name				Shai	res/units held	

7.	Describe the full facts and circumstances of the corporate consolidation, including the purpose(s)
	for which it has been carried out.

8.	Did the head entity, immediately before its acquisition of the securities of the	
	affected entity, hold any interest in property other than cash?	
	<ul><li>Provide a complete copy of the Head Entity's most recent financial statements.</li><li>If YES, provide full details.</li></ul>	
9.	Was any consideration given by the head entity other than the issue or transfer of its	
	securities to the person(s) from whom the affected entity's securities were acquired?	Yes/No
10.	Was any consideration for any part of this consolidation provided by a person who	
	was not a member of the Family formed by the consolidation?	Yes/No
	If YES, provide full details, including whether the consideration was a loan that is to be repaid.	
11.	Does any member of the Family created by the corporate consolidation the subject	
	of this application/request have an outstanding tax liability to the Commissioner of State Revenue?	
	If YES, provide full details.	
12.	Are the acquisitions the subject of this application/request associated with the avoidance or reduction of duty on another transaction, transfer or acquisition?	
	If YES, provide full details.	Yes/No

## **IMPORTANT**

A person who provides information to the Commissioner knowing it to be false or misleading in a material particular commits an offence under the *Taxation Administration Act 2003*. The penalty for the offence is:

- a) \$20,000 and
- b) three times the amount of duty that was avoided or might have been avoided if the false or misleading information had been accepted as true.

Declaration				
I				
of				
	Telephone (	)		
the person making this application or request, do hereby declare that the information contained in this application is, to the best of my knowledge and belief, true, accurate and complete in every particular.				
Official capacity in which application is made				
Dated this	day of	20		

Signature

Contact RevenueWA				
Online	www.wa.gov.au/organisation/department-of-finance/duties-online-services			
Web enquiry	www.osr.wa.gov.au/DutiesEnquiry	Website	WA.gov.au	
Office	200 St Georges Terrace Perth WA 6000	Phone	(08) 9262 1100 1300 368 364	
Postal	GPO Box T1600 Perth WA 6845		(WA country landline callers)	