

Form ACMA B2/B3

Effective from 1 March 2009

This form supersedes all previous ACMA B2 and B3 forms.



NOTIFICATION OF CHANGES IN CONTROL

Pursuant to sections 63 and 64 of the *Broadcasting Services Act 1992 (the Act)*

Form submitted on behalf of: | |

Details of the authorised person ACMA should contact for information about this form:

| | | | |
|----------------|--|------------|--|
| Name | | | |
| Role | | | |
| Company | | | |
| Telephone | | Fax Number | |
| Email | | | |
| Postal Address | | | |

Identify the notification(s) being submitted.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Section 63 notification by Licensees/Publishers (Complete all Parts of this form) <ul style="list-style-type: none">For a change in control event resulting in a person(s) assuming or ceasing control. |
| <input type="checkbox"/> | Section 64 notification by incoming Controllers (Complete all Parts of this form, except C) <ul style="list-style-type: none">For a change in control event resulting in a person(s) assuming control. |
| <input type="checkbox"/> | Section 63 and 64 notifications by Licensees/Publishers and on behalf of incoming Controllers (Complete all Parts of this form) <ul style="list-style-type: none">A single ACMA B2/B3 form may be submitted to fulfil both the obligation of the Licensee/Publisher and incoming Controllers in the event of a person(s) assuming control.If a single Form ACMA B2/B3 is submitted to fulfil both Licensee/Publisher and Controller obligations, you must ensure that the form is certified on behalf of both parties at Part E. |

A single form must relate to one control event only.

FORM LODGEMENT

This form must be lodged within 5 calendar days of becoming aware of a change in control event. ACMA accepts notifications via Control@acma.gov.au. If you have any difficulty submitting the form, contact the Control, Compliance & Investigations Section in the ACMA Sydney Office during business hours on 1800 226 667.

COMPLETING THIS FORM

The ACMA B2/B3 Guidance Notes explain how this form is to be completed. Please ensure you read those notes before completing this form. The Guidance Notes are available from the ACMA website at the [Broadcasting Forms page](#).

If your form is not completed correctly it may not be a valid notification under sections 63 and/or 64 of the Act, and may not be processed. In such circumstances you may be required to resubmit the form. You have not complied with the obligation to notify until you have lodged a valid notification.

FAILURE TO LODGE A NOTIFICATION

Failure to notify ACMA of a change in control as required by sections 63 and 64 of the Act may constitute an offence. The court may impose a substantial penalty for each offence that is found to have been committed, including a penalty for each day that each offence is found to have continued, in accordance with the Act and the *Crimes Act 1914*.

PLEASE NOTE

Giving false or misleading information is a serious offence.

PART B
ASSUMING CONTROL – Details of the change of control event

1. Provide details of the event resulting in the person(s) coming into a position to exercise control of the media operation(s).

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2. Provide the following details.

| | |
|---|--|
| (a) Date of the event resulting in the person(s) coming into a position to exercise control. | |
| (b) Date that the licensee(s)/publisher(s) became aware of the event resulting in the person(s) coming into a position to exercise control. | |
| (c) If submitting as, or on behalf of, incoming controller(s), the date that the controller became aware of the event. | |

3. If the licence(s)/newspaper(s) has been transferred, identify the new licensee/publisher. Provide the company name(s) and ACN.

| Licensee/Publisher | ACN |
|--------------------|-----|
| | |

The new licensee/publisher must be listed as a new controller in the Table B.1. below.

4. You may provide additional comments in relation to the details of the change of control event given above.

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TABLE B.1. List the person(s) coming into a position to exercise control of the licence(s)/newspaper(s) and provide the following details.

| Company Name OR Natural Person Name (first name, middle name and surname) | ACN (if a company) | Date of Birth (natural person only) | Contact Person & Role (company only) | Controller's Postal Address | | | | | | Telephone Fax no. Email Address |
|--|-----------------------|--|---|-----------------------------|--------|--------|-------|----------|--|---------------------------------------|
| | | | | Street No. | Street | Suburb | State | Postcode | | |
| | | | | OR | | | | | | |
| | | | | PO Box No. | | | | | | |
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TABLE B.2. For each company listed in TABLE B.1. above, list its directors.

| Company Name | Full Name of Director (first name, middle name and surname) | Date of Birth | Place of Birth | Director's Postal Address | | | | | |
|--------------|--|---------------|----------------|-----------------------------|--------|--------|-------|----------|--|
| | | | | Street No. OR Box No. | Street | Suburb | State | Postcode | Telephone Fax Number Email Address |
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**PART C
CEASING CONTROL – Details of the change of control event**

1. Provide details of the event resulting in the person(s) ceasing to be in a position to exercise control of the media operation(s).

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2. Provide the following details.

| | |
|--|--|
| (a) Date of the event resulting in the person(s) ceasing to be in a position to exercise control. | |
| (b) Date that the licensee(s)/publisher(s) became aware of the event resulting in the person(s) ceasing to be in a position to exercise control. | |

3. You may provide additional comments in relation to the details of the change of control event given above.

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TABLE C List the person(s) ceasing to be in a position to exercise control of the licence(s)/newspaper(s) and provide the following details.

| If the person is a company | | If the person is a natural person | | | |
|----------------------------|-----|-----------------------------------|----------------------------|---------|---------------|
| Name of Company | ACN | Title | First Name and Middle Name | Surname | Date of Birth |
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PART D
Further details of change of control event

| 1. Further information in relation to the change of control event. | |
|--|---|
| (a) If this notification relates to a change in control of a commercial television broadcasting licence, we require that you indicate whether you consider that the service passes the shared content test in relation to another commercial television broadcasting service <i>where the licence areas of the two commercial television licences overlap.</i> | Y <input type="checkbox"/> / N <input type="checkbox"/> |
| (b) (If yes) If more than one television licence is affected by the transaction, we require you to list the services (licence number and call sign) that pass the shared content test. | |
| The shared content test relates only to commercial television licences (refer to Section 61AE of the Act). | |

| 2. Attach a company structure chart showing all persons in a position to exercise control of the media operation(s) following the change of control event. Where control is a result of company interests, indicate the relevant percentages. If complete ownership information is unavailable, please provide details relevant to the persons identified in this notification. | |
|---|--|
| Example <pre> graph TD A[Person A] -- 40% --> C[Company C] B[Person B] -- 60% --> C C -- 100% --> D[Company D] D -- 100% --> L[Licence/Newspaper] </pre> | |

| 3. You may provide additional comments in relation to the information provided in this form. |
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| |

PART E Checklist and Certification of Notification

A form which has not been certified correctly may not be a valid notification under sections 63 and/or 64 of the Act.

- **Section 63** notification by **Licensees/Publishers** – Complete **2, Part E**
- **Section 64** notification by incoming **Controllers** – Complete **3, Part E**
- **Section 63 and 64** notifications by **Licensees/Publishers** and on behalf of incoming **Controllers** – Complete **2 and 3, Part E**

1. I have included the following:

| | |
|--|---|
| <input type="checkbox"/> Event Date (see 2(a), Part B and/or 2(a), Part C) | <input type="checkbox"/> Details of the Event (see 1, Part B and/or 1, Part C) |
| <input type="checkbox"/> Awareness Date (see 2(b) and/or (c), Part B and/or 2(b), Part C) | <input type="checkbox"/> Ownership Structure Chart (see 2, Part D) |

2. Certification of s63 notification – LICENSEE(S)/PUBLISHER(S)

I, _____ (Name), an authorised officer/agent* of the licensee(s)/publisher(s)* named in Part A, hereby certify that the contents of this form are true and correct.

| | |
|---|---------------------|
| Signature _____ | |
| Dated this _____ (day) of _____ (month) _____ (year). | |
| Name: _____ | Role: _____ |
| Company: _____ | |
| Telephone: _____ | Fax Number: _____ |
| Email: _____ | |
| Postal Address: _____ | |

3. Certification of s64 notification – CONTROLLER(S)

I, _____ (Name),

- the person listed in Table B.1., Part B
- an authorised officer/agent* of the controllers listed in Table B.1., Part B

hereby certify that the contents of this form are true and correct.

| | |
|---|---------------------|
| Signature _____ | |
| Dated this _____ (day) of _____ (month) _____ (year). | |
| Name: _____ | Role: _____ |
| Company: _____ | |
| Telephone: _____ | Fax Number: _____ |
| Email: _____ | |
| Postal Address: _____ | |

* Strike out whichever is inapplicable



PART F: Time taken to complete forms

Complete this only if you are a small business with fewer than 20 employees.

Please provide an estimate of the time taken to complete this form.

Include:

- the time actually spent reading the instructions, working on the question and obtaining the information
- the time spent by all employees in collecting and providing this information

hrs

mins

Return this page with the attached completed form to the address on the cover of the form.

ACMA use only

A copy of this form has been sent to Secretariat

Yes

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Fax: 02 9334 7799
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Email Enquiries: control@acma.gov.au
Web: www.acma.gov.au