Retirement Villages

Form 12



ABN: 86 504 771 740

Change of Scheme Operator

Retirement Villages Act 1999 (Part 2, Division 5 Change of scheme operator, and Part 5, Division 1 Operation of schemes for, and management of, retirement villages)

This form is effective from 1 February 2024

Instructions

This form is to be completed after a

- Form 11A Notice of proposal to change scheme operator, and
- Form 11 Transition Plan

have been completed and lodged with Regulatory Services.

Complete this form to advise when control of an existing retirement village scheme transfers from one scheme operator (the former operator) to another (the new scheme operator).

Use this form to advise the details of the new scheme operator and/or executive officer/s for a retirement village.

Attach extra sheets if necessary. All references to dates should be DD/MM/YYYY

Failure to correctly complete this form or provide all information, fees and documents requested, may result in the application being returned to you.

Privacy statement—please read

The Department of Housing and Public Works is collecting information, including personal information, on this form for the purposes of the *Retirement Villages Act 1999 Part 2*, *Division 5*. In accordance with the Act, some personal information and business information is placed on a register that may be inspected by the public. In other instances, information on this form can be disclosed without your consent where authorised or required by law.

Criminal History Check

You will be required to complete a national criminal history check and supply a National Police Certificate for each person whose date and place of birth are requested. To apply go to www.police.qld.gov.au/documents-for-purchase/national-police-certificates. You may be charged a fee.

Village name and address	Village name						
Please provide details of the village name and its full address.	Street address						
	Suburb			State		Post Code	
Registered	Individual/s						
owners of village land	Owner 1 details						
	Preferred title	Mr	Mrs	Ms	Miss	Other (specify)	
ndividual/s Please provide full	Full name						
names of all owners of	Owner 2 details						
the village land <u>prior to</u> the change of scheme	Preferred title	Mr	Mrs	Ms	Miss	Other (specify)	
operator taking effect.	Full name						
Please attach sheet f additional space is	Owner 3 details						
required.	Preferred title	Mr	Mrs	Ms	Miss	Other (specify)	
	Full name						
Registered	Corporation						
owner/s of village	Corporation / Company name						
land Corporation details							
Please provide full corporation names of all owners of the village							
	Australian Company Number (ACN)						
and <u>prior to the change</u>	Address of registered office						
of scheme operator taking effect.							
n the case of a	Suburb			State		Post Code	
orporation please provide its ACN and							
registered business	l						

Village manager	Individual							
Please provide full details about the existing village manager.	Preferred title	Mr	Mrs	Ms	Miss	Other (specify)		
	Full name							
	Street address							
In the case of a natural person, the full name, residential address as well as the date and	Suburb			State		Post Code		
	Phone							
place of birth.	Email							
In the case of a corporation, its ACN, its registered office, the full name and address of its executive officers, as well as their respective date and place of birth are required. If there is more than one executive officer, please attach an additional sheet with the details of all executive officers.	Corporation Corporation / Company name Australian Company Number (ACN) Contact Person Full name Phone							
A:1-b1								
Available accommod		tenure	of accommo	odation unit	s available i	n the village.		
Accommodation Unit	Freehold	Lea	sehold		Licence	Other [name]		
Independent living units								
Serviced units								
Other [specify]								
Total number of units								
[Note: Specify the number	for each type of accomm	 odation	unit: Eg 3	ndependen	t living freeh	old units]		
Date new operator w	vill commence					[DD/MM/YYYY]		
Form 11A lodged wit	h chief executive:	Date:				[DD/MM/YYYY]		
Transition Plan Approved: Date:[DD/MM/YY						[DD/MM/YYYY]		

Part 2 – New schem	ne operator's details						
Completed Forms lodged with the Department	Date new operator will commence						
J Spartment	Date of Lodgement:						
	Date of Lodgement:	[DD/MM/YYYY]					
Village name and address	Village name						
Please provide details of the village name and its full address.	Street address						
New scheme operator	Individual Preferred title Mr Mrs Ms Miss O	other (specify)					
Please provide full details about the new scheme operator. In the case of a natural person, the full name, residential address, date and place of birth.	Full name						
	SuburbStateFax						
In the case of a corporation, its ACN, its registered office, the full name and address of	Place of birth Date of birth						
its executive officers, as well as their respective date and place of birth are required.	Corporation Corporation / Company name						
If there is more than one executive officer, please attach an additional sheet with the details of all executive officers.							
	Australian Company Number (ACN)Address of registered office						
	SuburbState						
Address for service of documents on the scheme operator	Street addressSuburbState						
Please provide the full address (both physical and postal address) for service of notices and documents.	Postal addressSuburbState						

You should complete a copy of this section for each Executive officer of the applicant corporation.

Make as many copies of this page as required.

Part 2 – New scheme operator's details continued						
Executive officer details	Preferred title	Mr	Mrs	Ms	Miss	Other (specify)
'Executive officer' of	Full name					
a corporation means	Street address					
any person who is concerned, or takes part	Suburb			State		Post Code
in, the management	Place of birth					
of the corporation (including a director or company secretary).	Date of birth					[DD/MM/YYYY]

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Dart a _			One
Part 3 –	7 A - 4 W	arati	

Declaration about persons in this application

If the answer is YES to any of these questions, please

provide full details in an attachment.

Have you or any person mention in this application ever:

• been convicted of an offence involving fraud or dishonesty punishable, at the time the conviction is recorded, by not less than three months imprisonment?

Yes No

• been convicted of an offence involving physical violence to someone else?

Yes No

Is any corporation mentioned in this application?

• under the control of a receiver or an external administrator?

Yes No.

 subject to an executive deed of arrangement under Chapter 5 of the Corporation Law or corresponding provisions of the law of the country other than Australia where the administration of the terms of deed has not been finalised?

Yes No

Are you or any person in this application insolvent under administration as provided under the Corporations Law including:

• declared bankrupt under the *Bankruptcy Act* 1966?

Yes No

having the status of an undischarged bankrupt?

Yes No

• having executed a deed of arrangement underthe *Bankruptcy Act 1966* or corresponding provisions of the law of a country other than Australia where administration of the terms of deed has not been finalised?

Yes No

 having creditors accept a composition under the Bankruptcy Act 1966 or corresponding provisions of the law of a country other than Australia where the final payment has not been made under the terms of the composition.

Yes No

You should complete a copy of this section for each Executive officer of the applicant corporation. Make as many copies of this page as required.

Part 3 – Declarations continued					
Criminal history check and fee	Criminal history checks are required in accordance with the legislation as outlined in the <i>Retirement Villages Act</i> 1999.				
	You will be required to complete a national criminal history check and supply a National Police Certificate for each person whose date and place of birth are requested in this form.				
	To apply go to www.police.qld.gov.au/documents-for-purchase/national-police-certificates. You may be charged a fee.				
Declaration about this application	I/We have made appropriate enquiries and to the best of my/our knowledge all details in or with this application have been provided honestly and correctly.				
To be signed by the applicant/s or, in the case of corporation, by two directors or a director and the secretary.	Signatory (print name) Signature Date DD / MM / YYYY Signatory (print name) Dignature Dot / MM / YYYY DD / MM / YYYY				

Part 4 - Village management details Individual Village manager Please provide full Preferred title Mr Mrs Ms Miss Other (specify) details about the village Full name manager. Street address..... In the case of a natural person, the full name, residential address as well as the date and Phone place of birth. Email _____ In the case of a corporation, its ACN, its Place of birth..... registered office, the full Date of birth......[DD/MM/YYYY] name and address of its executive officers, as well as their respective Corporation date and place of birth Corporation / Company name are required. If there is more than one executive officer, please attach an additional sheet with the details of Australian Company Number (ACN) all executive officers **Contact Person** Full name Phone Email _____ Part 5 - Lodgment of application Lodgment Please lodge the completed application, any supporting documentation and fees, at the address below. By mail Regulatory Services

Department of Housing and Public Works

GPO Box 690, Brisbane QLD 4001

Or by email to regulatoryservices@housing.qld.gov.au

Visit www.housing.gld.gov.au call Regulatory Services on (07)3013 2666 or email regulatoryservices@housing.gld.gov.au for more information