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| ***About this form***  This is an approved form made for the purposes of paragraph 59.5(4) of the *Anti-Money Laundering and Counter-Terrorism Financing Rules Instrument 2007* (AML/CTF Rules).  ***Purpose of this form***  This form is to assist you in requesting a review of a decision.  Complete this form if you are seeking a review by AUSTRAC of a decision made under section 75H of the *Anti-Money Laundering and Counter-Terrorism Financing* *Act 2006 (*AML/CTF Act) to suspend the registration of your business.  ***Important information***  Under paragraph 59.5(4) of the AML/CTF Rules, a request for review of a decision to suspend must be made within **14 days** after you receive the suspension notice.    ***Submitting this form***    The completed form should be emailed to [compliance@austrac.gov.au](mailto:compliance@austrac.gov.au).  Alternatively the form can be sent to:  AUSTRAC – Compliance PO Box 5516 West Chatswood NSW 1515  You will receive confirmation once your application has been received. | Further information For help regarding your obligations under the AML/CTF Act or the *Financial Transaction Reports Act 1988* (FTR Act), contact the AUSTRAC Contact Centre:   * **Email:** [help\_desk@austrac.gov.au](mailto:help_desk@austrac.gov.au) * **Phone:** 1300 021 037 (a local call within Australia).   ***Require Assistance?***  If you have a disability and require assistance completing this form please contact the AUSTRAC Contact Centre:   * **Email:** [help\_desk@austrac.gov.au](mailto:help_desk@austrac.gov.au) * **Phone:** 1300 021 037 (a local call within Australia).   If you need a translator in order to speak to AUSTRAC, please call the Translating and Interpreting Service on 131 450 and ask for AUSTRAC on 1300 021 037.  Should you require the National Relay Service (within Australia):   * TTY or computer with modem users phone 133 677 and ask for 1300 021 037 * Speak and listen (speech to speech relay) users phone 1300 555 727 and ask for 1300 021 037 |

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| AUSTRAC logo | | Application to review an AUSTRAC decision |
| AUSTRAC logo | **Application to review an AUSTRAC decision** | | |
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| (!) | **Instructions for completing this form:** Type or write clearly to complete this form. Where written, please use a black or dark blue pen and BLOCK LETTERS. | | |

## Part A – Decision to be reviewed

## This form should be used when seeking a review of a decision to suspend registration of your business, made under section 75H of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act).

## Part B - Applicant information

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| **Entity name:** Click here to enter text. | **ABN/ACN:** Click here to enter text. |
| **Trading name(s):** Click here to enter text. | |
| **Phone number**: Click here to enter text. | **Email:** Click here to enter text. |

### Your representative’s details (if you have one):

|  |  |
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| **Name:** Click here to enter text. | **Company:** Click here to enter text. |
| **Phone number:** Click here to enter text. | **Email:** Click here to enter text. |
| **Address:** Click here to enter text. | |

## Part C – AUSTRAC decision to be reviewed

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| **Decision reference**: Click here to enter text. | **Date decision received**: Click here to enter text. |

### In as much detail as possible, provide the reasons for seeking a review of the decision:

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| Click here to enter text. |

## Supporting documents

Please list in the box below any additional documentation you are providing with this form in support of your application.

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| Click here to enter text. |

**Part D – Declaration**

Provide details of the person completing this form:

|  |  |
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| **Full Name:** Click here to enter text. | **Employer:** Click here to enter text. |
| **Position/title:** Click here to enter text. | **Phone number:** Click here to enter text. |
| **Mobile:** Click here to enter text. | **Email:** Click here to enter text. |

| (!) | **Before you sign this form:**  Make sure you have answered all the relevant questions correctly and read the privacy statement located at the end of this form before you sign and date the declaration. An incomplete form may delay processing and we may ask you to complete a new form. |
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### I declare that:

1. I am authorised to complete this application on behalf of the applicant.
2. The information I have given in this form is true, accurate and complete.
3. I understand criminal or civil penalties may apply for giving false or misleading information or for failing to supply information.

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| **Signature:** |  | |
| **Date (DD/MM/YYYY):** | Click here to enter text. |  |

**Privacy statement**

Personal information is protected by law, including the *Privacy Act 1988* (Privacy Act). AUSTRAC is authorised to collect the information in this form under the AML/CTF Act and under the AML/CTF Rules made for the purposes of the Reporting Entities Roll and the Remittance Sector Register. The information collected in this form will be used for the purpose of the review of a decision made by AUSTRAC, and for other lawful purposes under the AML/CTF Act and the Privacy Act. Information reported to AUSTRAC is made available to other government agencies including law enforcement agencies pursuant to the provisions of the AML/CTF Act.