Form RL06

Corporations Act 2001 Schedule 2 - Insolvency Practice Schedule (Corporations) s20-40, s40-70

Application to remove or vary Schedule 2 - Inso conditions or lift or shorten suspension

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Who should ASIC contact if there is a query about this form?

Lodgement details

Contact name/position description	

ASIC registered agent number (if applicable)

Telephone number

Firm/organisation

Postal address or DX address

1 Liquidator details

uator details				
	Liquidator registration number			
	Family name	Given name		
	Firm name (if applicable)			
address and contact details	Unit, level			
	Street number and street name)		
	Suburb/City		State/Territory	
	Postcode	Country (if not Australia)		
	Telephone number			
	Email address			
ication type				

Tick one box.

2 Appl

Residential

Application under s20-40(1) to vary condition imposed by committee
Application under s20-40(1) to remove condition imposed by committee
Application under s40-70(2) for suspension of registration to be lifted
Application under s40-70(2) for period of suspension of registration to be shortened

3 Vary condition

Details of current condition to be varied (including when and how the condition was imposed)

Details of proposed variation to the current condition

Reason(s) for proposed variation to the current condition

Please provide any relevant documentation supporting your application

4 Remove condition

Details of current condition to be removed (including when and how the condition was imposed)

Reason(s) for removal of current condition

Please provide any relevant documentation supporting your application

5 Lift suspension

Tick one box.

Which body imposed the suspension?

A disciplinary committee convened under Schedule 2 of the Corporations Act 2001

ASIC pursuant to s40-25(1)(a) to s40-25(1)(e) of the Insolvency Practice Schedule (Corporations)

ASIC pursuant to s40-25(1)(f) of the Insolvency Practice Schedule (Corporations) following a request by me

Another body under a provision of the Corporations Act 2001 prior to 1 March 2017

Details of current suspension (including dates) and if applicable, name of body who imposed the suspension

Reason(s) for lifting the current suspension

Please provide any relevant documentation supporting your application

6 Shorten suspension

Tick one box.

Which body imposed the suspension?

A disciplinary committee convened under Schedule 2 of the Corporations Act 2001

ASIC pursuant to s40-25(1)(a) to s40-25(1)(e) of the Insolvency Practice Schedule (Corporations)

ASIC pursuant to s40-25(1)(f) of the Insolvency Practice Schedule (Corporations) following a request by me

Another body under a provision of the Corporations Act 2001 prior to 1 March 2017

Details of current suspension (including dates) and if applicable, name of body who imposed the suspension

Details of proposed shortening of the current suspension (including dates)

Reason(s) for shortening the current suspension

Please provide any relevant documentation supporting your application

Signature This form must be signed by the registered liquidator.	Name			
	Signature			
	Date signed			
Lodgement	Send completed and signed forms to:	For more information		

 Send completed and signed forms to:
 For more information

 LiquidatorRegistrationProofs@asic.gov.au
 Web
 www.asic.gov.au

 Need help?
 www.asic.gov.au/question

 Telephone
 1300 300 630

Guide: Application to remove or vary conditions or lift or shorten suspension

Form RL06 Corporations Act 2001 Schedule 2 - Insolvency Practice Schedule (Corporations) s20-40, s40-70

This guide does not form part of the form. It is included by ASIC to assist you in completing and lodging the Form RL06.

Signature	This form must be signed by the registered liquidator			
Lodgement fees	A lodgement fee applies to this form.			
	For information on fees refer to www.asic.gov.au/forms.			
How to provide additional information	Additional form pages If there is insufficient space in any section to provide all information, you may attach an additional page of the form.			
	Attachments			
	You may submit attachments as part of this lodgement.			
	You may use this label on attachments to this form:			
	Liquidator name:			
	Attachment: [insert identifying mark eg. A, B, C or 1, 2, 3]			
	This is attachment [insert mark] of [insert number] pages referred to in form [insert form number and title]			
	Date prepared:			
	Signed			
	 Ensure the following: The attachment should be signed by the same Use white A4 size paper Use dark blue or black ink Number the pages of the attachment. 	person(s) who signed the form		
Privacy	The information provided to ASIC in this form may include personal information. Please refer to our privacy policy (www.asic.gov.au/privacy) for information about how we handle your personal information, your rights to seek access to and correct personal information, and to complain about breaches of your privacy.			
Lodgement	Send completed and signed forms to:	For more information		
	LiquidatorRegistrationProofs@asic.gov.au	Web www.asic.gov.au Need help? www.asic.gov.au/que Telephone 1300 300 630	stion	