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CMO FORM 2

**REPRESENTATIONS**

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| *General Instructions** *This form is for CMOs or officers of CMOs who have received a notice of IPOS’s intention to take regulatory action (“****Notice****”) and who wish to make representations explaining why IPOS should not take the action specified in the Notice.*
* *This form should preferably be typewritten to assist in processing.*
* *All sections and fields in this form* ***must*** *be duly filled, unless otherwise specified below, and submitted within the time specified in the Notice. Incomplete and/or late submissions may be rejected.*
* *Please submit the completed form on our e-services portal, IPOS Digital Hub.*
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**Section A: Details of Representor**

*Please fill up this part if you are making these representations as an officer of a Collective Management Organisation (“****CMO****”).*

Name of officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation of officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of CMO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please fill up this part if you are making these representations on behalf of a CMO.*

Name of CMO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of CMO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individual submitting

on behalf of a CMO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please acknowledge and confirm the following:

* I am authorised to submit these representations on behalf of the above-mentioned organisation.

**Section B: Representations**

Case reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Notice of IPOS’s intention

to take regulatory action: ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please state the whole or part of the Notice which you are submitting representations on.*

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| *Instructions** *This part provides you the opportunity to make representations on why IPOS should not take the intended regulatory action.*
* *You should present your case as completely as possible when making representations, providing all relevant facts, evidence, and arguments below, including whether a different (or less harsh) regulatory action should be taken instead.*
* *If IPOS decides to take regulatory action and you seek to introduce new information or documents in a later stage of the regulatory action process (i.e., in an application for reconsideration or an appeal), you will have to explain why the information or documents should be admitted, including why they were previously unavailable or were not discovered earlier.*
* *Please provide all relevant documents that support your representations by attaching them to this form.*
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*Please explain why IPOS should not take the intended regulatory action as set out in the Notice.*

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| ***Please attach any relevant supporting documents in relation to your case:*** |

**Section C: Declaration**

Please acknowledge and confirm all of the following:

* I confirm that the information provided in this form is, to the best of my knowledge, true and accurate, and all the documents attached are authentic.
* I understand and acknowledge that IPOS may direct me to provide further information or documents or to explain any matter relating to the regulatory action.
* I understand and acknowledge that IPOS may direct me to make a statutory declaration in support of these representations, or to otherwise attest to the veracity of the information or documents provided in them.
* I understand and acknowledge that IPOS may reject these representations on a summary basis without considering their merits if:
	+ I fail to make these representations in accordance with the requirements of Part 4, Division 2 of the Copyright (Collective Management Organisations) Regulations 2023, such as non-compliance with the instructions on this form or a late submission;
	+ I fail to comply with IPOS’s directions to provide further information or documents, to explain a matter, or to make a statutory declaration in support of these representations; or
	+ IPOS considers these representations to be frivolous or vexatious.
* I understand and acknowledge that IPOS will inform me by written notice of its decision on these representations.
* I understand and accept that the information provided in these representations may be used and disclosed by IPOS and/or other government agencies for investigations and follow-up purposes in accordance with the applicable laws.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_