

## Department of Local Government, Industry Regulation and Safety



#### **AUEXP**

This form is effective from 1 July 2025

# Application to exempt requirement to provide auditor or reviewer's representation

Associations Incorporation Act 2015 s 90 and 91

### Please read this information before completing this form

#### **ABOUT THIS FORM**

Use this form if your incorporated association is seeking an exemption order under the *Associations Incorporation Act* 2015 (the Act). This exemption will relieve the association from being required to provide members with a copy of an auditor or reviewer's written representation regarding their proposed removal.

#### **HOW TO COMPLETE THIS FORM**

- You may complete this form onscreen and then print it, or print it first and complete it by hand.
- If completing by hand, please use a blue or black pen and write in BLOCK LETTERS
- Complete all sections of the form.

#### RELATED INFORMATION

- An incorporated association may initiate a process to remove an appointed auditor or reviewer, allowing members to vote on the proposed change of person. The process involves the following:
  - 1. The committee must give at least two months' notice of its intention to remove the auditor or reviewer by resolution at a general meeting.
  - 2. The committee must send a copy of the notice to the auditor or reviewer and Consumer Protection. The <u>Notice</u> of resolution to remove auditor or reviewer form should be used to notify us.
  - 3. Within 30 days of receiving the notice, the auditor or reviewer may submit written representations to the Association regarding the proposed removal.
  - 4. If a representation is received and **no exemption order has been granted**, the committee must provide a copy of the representation to members at least seven days before the proposed meeting.
  - 5. The meeting must convene the meeting and vote on the resolution. If no exemption order has been granted, the auditor or reviewer must be allowed to attend and speak to members prior to the vote taking place.
- Associations may apply for an exemption order, which, if granted, removes the requirements to distribute the auditor
  or reviewer's representation to its members and the obligations to allow the auditor or reviewer to attend and speak
  at the meeting.
- The factors that the Commissioner may consider in determining whether an exemption order should be made is not limited by the Act. Each application will be considered on its individual merits.
- The Commissioner may impose conditions or limitation on the exemption order as considered appropriate.

#### **FEES**

Please refer to <u>Associations fees forms and online transactions</u> page for current application fees. GST is not payable on these fees.

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Once you have completed this form and prepared your supporting documents, you can lodge it using one of the following

In person:	Submit your completed form and documents at:					
	Cashier Services Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON					
	Opening hours: 8:30 am to 4:30 pm (weekdays)					
By post	Credit card or Bpay:     You will receive a Payment Number (PN) after your form is received. Use this number to pay via Consumer Protection's secure online payment portal at: <a href="https://payportal.dmirs.wa.gov.au/">https://payportal.dmirs.wa.gov.au/</a> .					
	Cheque or money order:  Make payable to "Department of Local Government, Industry Regulation and Safety" and post it with your completed form to:					
	Department of Local Government, Industry Regulation and Safety Associations and Charities Locked Bag 14 CLOISTERS SQUARE PERTH WA 6850					

#### WHAT HAPPENS NEXT

- The form and supporting documents will be reviewed. We will contact you in writing if further information is needed.
- This form may not be processed if it is incomplete or is not completed correctly, is received without payment, is not accompanied by any necessary supporting documents.
- Written confirmation will be provided if an exception is granted. If refused, written notification outlining the reasons for the decision, will be provided.
- If any of the provided information changes after submission, please notify Consumer Protection as soon as possible.

#### **PRIVACY**

Consumer Protection at the Department of Local Government, Industry Regulation and Safety (LGIRS) is collecting and holding information supplied for the purposes of the Associations Incorporation Act 2015 (the Act).

In accordance with the Act, a copy of this form and any documents lodged with will be available for inspection and purchase by the public upon payment of a prescribed fee. In other instances, information on this form can be disclosed without your consent where authorised or required by law.

#### CONTACT

For assistance with completing this form, or information about the progress of an application, contact the Associations and Charities Branch by:

**1300 30 40 74 or (08) 6552 9300** (8:30 am to 4:30 pm weekdays) Telephone

associations@lgirs.wa.gov.au **Email** www.lgirs.wa.gov.au/associations Website

The above information is intended as a guide only and is included to assist you in completing and lodging this form. This page is not part of the form. If required, professional advice should be obtained regarding the matters dealt with in this form.



# Department of Local Government, Industry Regulation and Safety



## **AUEXP**

# Application to exempt requirement to provide auditor or reviewer's representation

Associations Incorporation Act 2015 s 90 and 91											
OFFICE USE ONLY											
SECTION A: INCORPORATED ASSOCIATION PARTICULARS											
Name of the in	acorporated association										
,											
2. Incorporated association's registration number (IARN)											
SECTION B: P	SECTION B: PARTICULARS OF ASSOCIATION'S AUDITOR OR REVIEWER										
Provide name and particulars of the association's auditor or reviewer											
Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other, please specify:											
Name		Surname									
Firm Name (If applicable)											
Address											
(Street or PO)											
Suburb	State		Postcode								
		_	J								
Email		Telephone									

SECTION C: REASONS FOR SEEKING AN EXEMPTION							
4. Date of the meeting where proposed resolution to remove the auditor or reviewer will be considered? (dd/mm/yyyy)							
5. Date that notice of the meeting proposing the removal was provided to the auditor or reviewer? (dd/mm/yyyy)							
6. Date that the association received the auditor or reviewer's representation?  (dd/mm/yyyy)							
7. The association seeking an exemption order from the Commissioner to do the follows:	wing:						
Providing a copy of the reviewer or auditor's representation to members of	the association.						
Allowing the reviewer or auditor to attend the meeting and address the men	nbers.						
8. Explain in as much detail as possible, why the association's request for an exempti For example, the costs associated with providing members a copy of the auditor's representation would							

If there is insufficient space, please attach an annexure labelled "Reasons"

### SECTION E: APPLICANT'S PARTICULARS & DECLARATION

Provide the name and particulars of the person making this application: *Any correspondence about this application will be sent to this person.* 

#### I certify that:

- I am duly authorised by the association to lodge this application and any accompanying documents under the Act;
- the information contained within this application, including any attachments are to the best of my knowledge true and correct; and
- I understand that it is an offence under section 177 of the Associations Incorporation Act 2015 to make a false and misleading declaration in relation to this application.

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Signature			Date signed							
Title [	☐ Mr ☐ Mrs ☐ Ms	☐ Miss ☐ Othe	er, please specify:							
Name			Surname							
Γ										
Address (Street or PO)										
Suburb		State		Postcode						
Email			Telephone							
L										
MPORTANT: Before	MPORTANT: Before you sign this form, check that you have provided true and correct information.									
CONTACT FOR THIS APPLICATION										
Who should Consumer Protection contact if there is a query about this form?										
The applicant (submitter)										
Another person ► Provide the contact's details below:										
Title	☐ Mr ☐ Mrs ☐ Ms	s 🗆 Miss 🗆 Ot	her, please specify:							
Name			Surname							
Address										
(Street or PO)										
Suburb		State		Postcode						
			 1							
Email			Telephone							