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| **Form 03** | This form is effective from 1 July 2025 |
| Application to extend time for holding annual general meeting |
| *Associations Incorporation Act 2015 s 50(3)(b)* |
| **Please read this information before completing this form** |
| **ABOUT THIS FORM**  |
| Use this form to apply for an extension of the timeframe required under the *Associations Incorporation Act 2015* (the Act). for holding an incorporated association’s Annual General Meeting (AGM).**Lodgement period:**Submit this form as soon as the incorporated association becomes aware that it will be unable to meet the statutory AGM deadline. This form must be received before the expiry of the period within which the AGM is required to be held. |
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| **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 application**
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| **GUIDES AND RELATED INFORMATION**  |
| * The first AGM of an incorporated association must be held within 18 months of incorporation.
* Subsequent AGM’s must be held:
1. At least once in each calendar year, and
2. Within six months after the end of the incorporated association’s financial year
* The requirement to hold an AGM in a calendar year may limit the length of any extension that may be granted.
* AGMs are an important governance requirement. An extension of time will generally only be considered where:
	+ The need for delaying the AGM is because of circumstances beyond the association’s control; or
	+ The extension is deemed to be in the best interests of the members.
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| **FEES** |
| Please refer to [Associations fees forms and online transactions](https://www.consumerprotection.wa.gov.au/associations-fees-forms-and-online-transactions) page for current application fees. GST is not payable on these fees. |
| **HOW TO LODGE AND PAY** |
| Once you have completed this form and prepared your supporting documents, you can lodge it using one of the following methods: |
| **In person**: | Submit your completed form and documents at:Cashier ServicesLevel 1, Mason Bird Building303 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: <https://payportal.dmirs.wa.gov.au/>.* **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 CharitiesLocked Bag 14 CLOISTERS SQUARE PERTH WA 6850 |
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| **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; and or is not accompanied by the necessary supporting documents.
* Written confirmation will be provided if approved. 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.
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| **CONTACT** |
| For assistance with completing this form, or information about the progress of an application, contact the Associations and Charities Branch by: |
| Telephone | **1300 30 40 74 or (08) 6552 9300** (8:30 am to 4:30 pm weekdays) |
| Email | **associations@lgirs.wa.gov.au** |
| Website | [**www.lgirs.wa.gov.au/associations**](http://www.lgirs.wa.gov.au/associations) |
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**The above information is provided as a general guide to assist with completing and lodging this form. It does not constitute legal advice. If needed, seek professional advice about the matters dealt with in this form. This page is not part of the form.**

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| **Form 03** |  |
| Application to extend time for holding annual general meeting |
| *Associations Incorporation Act 2015 s 50(3)(b)* |
| **OFFICE USE ONLY** |
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| **SECTION A: INCORPORATED ASSOCIATION PARTICULARS** |
| 1. Name of the incorporated association
 |
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|  |
| 1. Incorporated association’s registration number (IARN)
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|  |
| **SECTION B: PARTICULARS FOR REQUESTING FURTHER TIME TO HOLD THE AGM** |
|  |  |
| 1. The financial year end that this AGM applies is:

*(dd/mm/yyyy – ie 30/06/2022)* |  |
|  |
| 1. Has the association held any previous AGM?
 |
| □ | NO |
| □ | YES |
|  |  | Date of last AGM *(dd/mm/yyyy)* |  |
|  |
|  |
| 1. The extended date for holding AGM is:

*(dd/mm/yyyy)* |  |
|  |
| 1. The reason/(s) that an extension of time is required is:
 |
|  |  |
| ***If there is insufficient space, please attach a supporting document titled “Reasons extension is required****”* |
| **SECTION C: APPLICANT’S DECLARATION & DETAILS** |
| Provide the name and particulars of the person making this application: |
| *I certify that:** *I am authorised by the association’s committee member to lodge this application and any accompanying documents under the Associations Incorporation Act 2015*
* *I have prepared this application in accordance with the information supplied by the association’s committee;*
* *the information contained within this application and any accompanying documents is true and correct; and*
* *I acknowledge 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.*
 |
|  |
| Signature |  | Date signed |  |
|  |
| Title | □ Mr □ Mrs □ Ms □ Miss □ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name |  | Surname |  |
|  |
| Address *(Street or PO)* |  |
|  |
| Suburb |  | State |  | Postcode |  |
|  |
| Email |  | Telephone |  |
|  |
| **IMPORTANT: 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 □ Miss □ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name |  | Surname |  |
|  |
| Address *(Street or PO)* |  |
|  |
| Suburb |  | State |  | Postcode |  |
|  |
| Email |  | Telephone |  |