Department of **Local Government, Industry Regulation and Safety**

GOVERNMENT OF WESTERN AUSTRALIA

FORM 09R

This form is effective from 1 July 2025

Application for replacement certificate of incorporation

Associations Incorporation Act 2015 s20

Please read this information before completing this form

ABOUT THIS FORM

Use this form to obtain a replacement certificate of incorporation under the *Associations Incorporation Act 2015.*

DO NOT use this form to request a duplicate certificate, extract, or copy of the rules. Instead use the Form 09.

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**

RELATED INFORMATION

- A Replacement Certificate can only be issued if the original certificate has been lost or is destroyed.
- If the original certificate has NOT been lost or destroyed and you need confirmation of the association's current status, you can purchase **Extract**.
    - An **Extract** contains the associations current name, registration number (IARN), date of incorporation or cancellation (if applicable), status, Address for service of notice., tier classification, financial year end, date of last annual general meeting and type of rules used.

FEES

Visit our 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 you can lodge it using one of the following methods:

In person:	Submit your completed form 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: 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 Charities Locked Bag 14 CLOISTERS SQUARE PERTH WA 6850

WHAT HAPPENS NEXT

- The replacement certificate will be issued digitally and sent by email to the contact person nominated in this application.
- Documents are usually issued within 10 working days.
- You will be notified if a replacement certificate cannot be issued.

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**

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

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GOVERNMENT OF WESTERN AUSTRALIA

CONSUMER PROTECTION WESTERN AUSTRALIA

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OFFICE USE ONLY

SECTION A: REQUEST DETAILS

Incorporated association's name

IARN

The reason for requesting the replacement certificate is due to the original certificate being:

☐ Lost or stolen

☐ Destroyed or damaged

SECTION B: AUTHORISED PERSONS PARTICULARS & DECLARATION

Provide the name and particulars of the person making this application:

I declare that:

- *I am authorised by the association's committee to lodge this application under the Associations Incorporation Act 2015;*
- *The association's original certificate of incorporation has been lost, stolen or destroyed.*
- *The information contained within this application is to the best of my knowledge true and correct.*
- *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*

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 application 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	