

## Change of circumstances (for charitable collections licence holders)

*Charitable Collections Act 1946 and Charitable Collections Regulations 1947*

### Purpose

Use this form to notify the Commissioner for Consumer Protection (Commissioner) of any changes to a charitable collections licence holder's address, executive officers, name, corporate structure, auditor or reviewer.

### Instructions

- ▶ Sections A, B, C, D, E or F may be lodged independently with this first page and declaration. It may not be necessary to complete every section of the form.
- ▶ Type directly into this form electronically before printing and signing it, or hand-print neatly using an ink pen in block letters.
- ▶ If there is insufficient space in any section of the form, you may photocopy the relevant pages and submit as part of this form.

## ORGANISATION DETAILS

The organisation's name

WA licence number

CC

Australian Business Number (ABN)

## A: CHANGE OF ORGANISATIONS CONTACT PERSON

Use this section if the organisations nominated contact person has changed.

Name of the organisations new contact person

Telephone number (Landline or Mobile)

Email

Position held (CEO, CFO, Chairperson/President, Secretary, Treasurer)

Commencement date (DD/MM/YY)

## B1: CHANGE OF ORGANISATIONS ADDRESS

Use this section if the organisations contact address, phone number or email has changed.

Organisations new postal address

Suburb

State / Territory

Postcode

Commencement date (DD/MM/YY)

## B2: CHANGE OF ORGANISATIONS TELEPHONE AND EMAIL

Organisation Telephone number

Organisation Email

Commencement date (DD/MM/YY)

## C: CHANGE OF ORGANISATION NAME or LEGAL STRUCTURE

The change is:

☐ New name

The organisation's new name is:

☐ New legal structure

The organisation's legal structure is:

☐ Company Limited by Guarantee

☐ Incorporated Association

☐ Indigenous Corporation

☐ Trust

ACN / ICN / Registration Number

Name/s of Trustees

  

Commencement date (DD/MM/YY)

You must attach to this form copies of the organisation's certificate of registration and a copy of the governing document – e.g rules, constitution or trust deed

## D1 – CESSATION OF PRINCIPAL EXECUTIVE OFFICER(S)

Use this section to notify if a principal executive officer (PEO) has ceased with the organisation.

Three (3) PEO's must be registered at all times.

The full name of the ceased PEO is

Position held

Cessation date (DD/MM/YY)

The full name of the ceased PEO is

Position held

Cessation date (DD/MM/YY)

The full name of the ceased PEO is

Position held

Cessation date (DD/MM/YY)

## D2 - APPOINTMENT OF PRINCIPAL EXECUTIVE OFFICER(S)

Use this section to notify commencement of a principal executive officer (PEO). **Three (3) PEO's must be registered at all times.**

A person who is or has become a Disqualified Person is not permitted to be or become a member of the licence holder's Governing Body without the written consent of the Commissioner.

A Disqualified Person is any person who:

- is disqualified from managing corporations under the Corporations Act 2001 (Cth) Part 2D.6; or
- must not accept appointment or act as a member of a management committee of an incorporated association under the Associations Incorporation Act 2015 (WA) Division 1; or
- has been disqualified from acting as a responsible person of a charity by the Commissioner of the Australian Charities and Not-for-profits Commission under the Australian Charities and Not-for-profits Commission Regulation 2013 (Cth) Subdivision 45-B-Governance Standards.

**Title**

**First / Given Name(s)**

**Family / Surname**

**Date of Birth (DD/MM/YYYY)**

**Position held** (ie. President, Secretary, Treasurer)

**Residential Address**

**Suburb**

**State / Territory**

**Postcode**

**Contact number** (Landline or Mobile)

**Email**

**Date commenced (DD/MM/YY)**

**Title**

**First / Given Name(s)**

**Family / Surname**

**Date of Birth (DD/MM/YYYY)**

**Position held** (ie. President, Secretary, Treasurer)

**Residential Address**

**Suburb**

**State / Territory**

**Postcode**

**Contact number** (Landline or Mobile)

**Email**

**Date commenced (DD/MM/YY)**

**Title**

**First / Given Name(s)**

**Family / Surname**

**Date of Birth (DD/MM/YYYY)**

**Position held** (ie. President, Secretary, Treasurer)

**Residential Address**

**Suburb**

**State / Territory**

**Postcode**

**Email**

**Email**

**Date commenced (DD/MM/YY)**

## E. REGISTRATION WITH AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION (ACNC)

### The organisation

☐ has become registered with the ACNC. ☐ is no longer registered with the ACNC

Change date (DD/MM/YY)

## F. CHANGE OF AUDITOR / REVIEWER (MEDIUM AND LARGE ORGANISATIONS ONLY)

Use this section to notify if their auditor or reviewer has changed if the organisation is **Medium** (annual revenue \$500,000 or over but less than \$3,000,000) OR **Large** (annual revenue \$3,000,000 or over)

### The full name of the new reviewer or auditor

### Firm name

### Postal Address

### Suburb

### State / Territory

### Postcode

### Contact number (Landline or Mobile)

### Email

### Category of Auditor/Reviewer

- ☐ Member of the Institute of Chartered Accountants (CA)
- ☐ Member of the Australian Society of Certified Practicing Accountants (CPA)
- ☐ Member of the Association of Taxation and Management Accountants (ATMA)
- ☐ Member of the Institute of Public Accountants (IPA)
- ☐ Registered Company Auditor (RCA)

### RCA Registration number:

### Commencement date (DD/MM/YY)

## DECLARATION

This form must be signed by:

- a member of the Governing Body such as the Chairperson, President or Secretary;
- a person who holds a position in the organisation who is authorised by its Governing Body to sign this form (such as a CEO or CFO); or
- an agent instructed/authorised by the organisation's Governing Body to sign this form

### Name of person signing this form

### Contact number (Landline or Mobile)

### Email

### Role with organisation (CEO, CFO, Chairperson/President, Secretary, Treasurer)

### I declare that:

- ▶ I am authorised to lodge this information on behalf of the organisation;
- ▶ I have confirmed that none of the commencing Principal Executive Officers set out in this form are disqualified persons; and
- ▶ The information contained in this form and any supporting documents provided at the time or subsequent to lodgement are to the best of my knowledge and belief complete, correct and true

### Signature (Do Not Print)

### Date (DD/MM/YY)

## CONTACT DETAILS

Who should be contacted if there is a query about this form?

- ☐ The person signing this form
- ☐ The contact shown below:

Title

First / Given Name(s)

Family / Surname

Contact number *(Landline or Mobile)*

Email

Position held *(CEO, CFO, Chairperson/President, Secretary, Treasurer)*

## LODGING THIS APPLICATION

By email: **charities@lgirls.wa.gov.au**

If you need any assistance please contact the Associations and Charities Branch on **(08) 6552 9364**.

**Please retain a copy of this application for your records.**