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| A black background with white text  AI-generated content may be incorrect.A logo with a green umbrella  AI-generated content may be incorrect. |
| **AURMP** | This form is effective from 1 July 2025 |
| Notice of resolution to remove auditor or reviewer |
| *Associations Incorporation Act 2015 s 89* |
| **Please read this information before completing this form** |
| **ABOUT THIS FORM**  |
| Use this form to lodge with Consumer Protection notice of a resolution to remove an auditor or reviewer from office under the Associations Incorporation Ac 2015 (the Act).**Lodgement period:**As soon as is possible after the management committee has provided the notice to the auditor or reviewer.  |
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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 in every case.**
* **A copy of the Notice of intention to remove the auditor or reviewer by resolution must accompany the form**
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| **RELATED INFORMATION**  |
| * An incorporated association can start a process to remove an appointed auditor or reviewer, allowing its members to vote on a change of person. The steps for removing an auditor or reviewer entail the following:
1. The committee giving at least two months’ notice of their intention to remove the auditor or reviewer by resolution at a general meeting.
2. The committee sending a copy of the notice to the auditor or reviewer and the Commissioner. The [Notice of resolution to remove auditor or reviewer form](https://www.commerce.wa.gov.au/publications/notice-resolution-remove-auditor-or-reviewer) should be used for notifying the Department.
3. Within 30 days of receiving a copy of the notice of intention, the auditor or reviewer may make representations in writing to the Association concerning the proposed action.
4. When an auditor or reviewer makes a submission, if an exemption order has not been granted, the committee must give its members a copy of the representation at least seven days before the proposed meeting.
5. Convening the meeting and voting on the resolution to remove the reviewer or auditor. If no exemption order has been granted, the auditor or reviewer must be allowed to attend the meeting and speak to members prior to the vote taking place.
* An application for an exemption order may be sought, which, if granted, exempts the committee from needing to provide the auditor or reviewer representation to its members and allow the auditor or reviewer to attend the meeting.
* The Act does not limit the factors the Commissioner may consider in determining whether an exemption order should be made. Every application will be considered on its individual merits.
* The Commissioner can make the order subject to any conditions and limitations as is considered appropriate.
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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 them using one of the following methods: |
| **In person**: | Submit your completed form and supporting documents at:Cashier ServicesLevel 1, Mason Bird Building303 Sevenoaks Street CANNINGTON Opening hours: 8:30 am to 4:30 pm (weekdays)  |
| **By post** | * **If paying by credit card or Bpay:**

You will receive a Payment Number (PN) after your form is received. Use this number to make payment via Consumer Protection’s secure online payment portal at: <https://payportal.dmirs.wa.gov.au/>.* **If paying by cheque or money order:**

Attach a cheque or money order made 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** |
| * Your form will be reviewed, and the nominated contact person will be notified if further information is required.
* Forms may not be processed if they are incomplete or incorrectly completed; submitted without the required payment; or missing any required supporting documentation.
* 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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| **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. |
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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 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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| AURMP |  |
| Notice of resolution to remove auditor or reviewer |
| *Associations Incorporation Act 2015 s 89* |
| **OFFICE USE ONLY** |
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| **SECTION A: INCORPORATED ASSOCIATION PARTICULARS** |
| 1. The name of the incorporated association is:
 |
| *Write the name exactly as it appears on your certificate of incorporation.* |
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|  |
| 1. The incorporated association’s registration number (IARN) is:
 | **A** |
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| **SECTION B: PARTICULARS OF ASSOCIATION’S AUDITOR OR REVIEWER**  |
| 1. This application relates to the removal of the association’s:
 |
| □ | Appointed auditor |
| □ | Appointed reviewer |
| 1. The name and details of the appointed auditor or reviewer are:
 |
|  |
| Title | □ Mr □ Mrs □ Ms □ Miss □ Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name |  | Surname |  |
|  |
| Firm Name |  |
|  |
| Address *(Street or PO)* |  |
|  |
| Suburb |  | State |  | Postcode |  |
|  |
| Email |  | Telephone |  |

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| **SECTION C: NOTICE DETAILS**  |
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| 1. Date the notice to remove the auditor or reviewer was given to members:
 |  |
| *Written notice must be given to the association members at least two (2) months before the general meeting is held* |
| 1. Date the notice to remove the auditor or reviewer was given to the auditor or reviewer:
 |  |
| *A copy of the notice must be given to the auditor or reviewer as soon as possible after notice is given the Associations members* |
|  |
| **SECTION B: AUTHORISED PERSONS 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 confirm that:** *I am authorised by the association to submit this application and any accompanying documents under the Associations Incorporation Act 2015,*
* *The information contained within this application, including any attachments, is 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 □ 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.** |
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| **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 |  |