|  |
| --- |
| A close-up of a sign  AI-generated content may be incorrect.A logo with a green umbrella  AI-generated content may be incorrect. |
| **STCMTMEM** | This form is effective from 1 July 2025 |
| **Certificate and statement of a committee member form to accompany Form 6N** |
| *Associations Incorporation Act 2015 s 30* |
| **OFFICE USE ONLY** |
|  |
| **INSTRUCTIONS:****Only complete this statement if the person lodging the application for voluntary cancellation is not a member of the management committee** |
|  |
|  | Name of incorporated association |  |
|  |  |  |
|  | Incorporated Associations Registration Number (IARN)  |  |
|  |  | *(If you do not know the number search for it using* [*AssociationsOnline*](http://www.lgirs.wa.gov.au/associationsonline)*)* |  |
|  |  |  |
|   | Date of the general meeting where a special resolution approving the voluntary cancellation and distribution plan (if applicable) was passed: |  |  |
|  |  | (dd/mm/yyyy) |  |
|  | **DECLARATION** |  |  |
|  | I hereby certify that: |  |
|  | [ ]  | I am a duly elected member of the management committee of the incorporated association named above |  |
|  | [ ]  | I confirm that the following person is authorised to prepare and lodge the application for voluntary cancellation on behalf of the incorporated association: |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  | **(insert full name of authorised person)** |  |
|  | [ ]  | The management committee has examined the incorporated association’s affairs and resolved that it has met or is able to meet its debts and liabilities. |  |
|  | [ ]  | A special resolution to apply for voluntary cancellation was passed by members at a general meeting convened in accordance with the association’s rules and the requirements of the *Associations Incorporation Act 2015.* |  |
|  | [ ]  | If applicable, a plan for the distribution of the surplus property was approved by special resolution at the same general meeting |  |
|  | [ ]  | The information provided in the accompanying “Form 6N - Application for voluntary cancellation of incorporation” form is, to the best of my knowledge and belief, true and correct. |  |
|  | **Signature**  |  | **Date signed** |  |
|  |  |  |  |  |
|  | **Full name of committee member signing this form** |  |
|  |  |  |
|  | **Position held**  |  |
|  |  |  |
|  | **Daytime telephone number** |  | **Email** |  |
|  |  |  |  |  |
|  |  |  |  |  |