

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](#))

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