

Notice of resignation of an auditor or reviewer

Associations Incorporation Act 2015 s 89

Please read this information before completing this form

ABOUT THIS FORM

This form should be used to notify the Commissioner of Consumer Protection that an association incorporated under the Associations Incorporation Act 2015 (the Act) has received a resignation notice from its appointed auditor or reviewer.

WARNING: It is an OFFENCE with a penalty of \$1,000, if an Association fails to notify the Commissioner within 14 days of receiving the notice.

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 Resignation that was received from the auditor or reviewer must accompany the form**

FEES

Please refer to [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:	<p>Submit your completed form and supporting documents at:</p> <p>Cashier Services Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON</p> <p>Opening hours: 8:30 am to 4:30 pm (weekdays)</p>
By post	<ul style="list-style-type: none"> • 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 Charities Locked Bag 14 CLOISTERS SQUARE PERTH WA 6850

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

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.

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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Associations Incorporation Act 2015 s 87(6)

OFFICE USE ONLY

SECTION A: PARTICULARS OF AN ASSOCIATION'S APPOINTED AUDITOR OR REVIEWER

1. The name of the incorporated association that the auditor or reviewer is resigning from

2. The incorporated association's registration number (IARN) is:

3. The name and particulars of the appointed auditor or reviewer

Title Mr Mrs Ms Miss Other ▶ _____

Name

Surname

Firm Name

Street or PO

Suburb

State

Postcode

Telephone

Mobile

Email

4. Date that the association received the auditor or reviewers notice of resignation?

<i>Day</i>	<i>Month</i>	<i>Year</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach a copy of the Notice of Resignation that was received from the auditor or reviewer

5. Please provide the reasons for the auditor or reviewers resignation.

If there is insufficient space, please attach an annexure labelled "Reasons for Resignation"

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 certify that:

- I am duly authorised by the association to lodge this application and any accompanying documents under the Act;*
- the information contained within this application, including any attachments are 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.*

Signed	<input type="text"/>	Date	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other ▶ _____		
Name	<input type="text"/>	Surname	<input type="text"/>
Street or PO	<input type="text"/>		
Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

IMPORTANT: Before you submit this form, check that you have provided true and correct information.