



AUEXP

This form is effective from 1 July 2026

Application to exempt requirement to provide auditor or reviewer's representation

Associations Incorporation Act 2015 s 90 and 91

Please read this information before completing this form

ABOUT THIS FORM

Use this form if your incorporated association is seeking an exemption order under the *Associations Incorporation Act 2015* (the Act). This exemption will relieve the association from being required to provide members with a copy of an auditor or reviewer's written representation regarding their proposed removal.

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 of the form.**

RELATED INFORMATION

- An incorporated association may initiate a process to remove an appointed auditor or reviewer, allowing members to vote on the proposed change of person. The process involves the following:
 1. The committee must give at least two months' notice of its intention to remove the auditor or reviewer by resolution at a general meeting.
 2. The committee must send a copy of the notice to the auditor or reviewer and Consumer Protection. The [Notice of resolution to remove auditor or reviewer form](#) should be used to notify us.
 3. Within 30 days of receiving the notice, the auditor or reviewer may submit written representations to the Association regarding the proposed removal.
 4. If a representation is received and **no exemption order has been granted**, the committee must provide a copy of the representation to members at least seven days before the proposed meeting.
 5. The meeting must convene the meeting and vote on the resolution. If no exemption order has been granted, the auditor or reviewer must be allowed to attend and speak to members prior to the vote taking place.
- Associations may apply for an exemption order, which, if granted, removes the requirements to distribute the auditor or reviewer's representation to its members and the obligations to allow the auditor or reviewer to attend and speak at the meeting.
- The factors that the Commissioner may consider in determining whether an exemption order should be made is not limited by the Act. Each application will be considered on its individual merits.
- The Commissioner may impose conditions or limitation on the exemption order as considered appropriate.

FEE

Please refer to [Associations fees forms and online transactions](#) page for current application fees. GST is not payable on these fees.

If you lodge this form by post or email, you will be emailed a Payment Number (PN) to make payment either using BPAY or a credit card online using our secure online payment portal.

HOW TO LODGE

You can lodge your completed form:

In person:

Customer Service
Level 1, Mason Bird Building
303 Sevenoaks Street, CANNINGTON

Hours: 8:30 am to 4:30 pm (weekdays)

By post:

Associations and Charities
Department of Local Government,
Industry Regulation and Safety
Locked Bag 14
CLOISTERS SQUARE PERTH WA 6850

Email:

associations@lgirs.wa.gov.au

WHAT HAPPENS NEXT

- The form and supporting documents will be reviewed. We will contact you in writing if further information is needed.
- This form may not be processed if it is incomplete or is not completed correctly, is received without payment, is not accompanied by any necessary supporting documents.
- Written confirmation will be provided if an exception is granted. 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.

CONTACT

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 90 and 91

OFFICE USE ONLY

When completed this form is classed as "OFFICIAL SENSITIVE"

1. INCORPORATED ASSOCIATION PARTICULARS

Name of the incorporated association

Write the name exactly as it appears on the certificate of incorporation.

Incorporated Association Registration Number (IARN)

The association's registration number starts with A followed by 7 numbers and a letter. It is not the ABN.

2. PARTICULARS OF ASSOCIATION'S AUDITOR OR REVIEWER

Provide name and particulars of the association's auditor or reviewer

Title Mr Mrs Ms Miss Other, please specify: _____

Name Surname

Firm Name (If applicable)

Address (Street or PO)

Suburb State Postcode

Email Telephone

FORM CONTINUES NEXT PAGE

3. REASONS FOR SEEKING AN EXEMPTION

Date of the meeting where proposed resolution to remove the auditor or reviewer will be considered? (dd/mm/yyyy)

Date that notice of the meeting proposing the removal was provided to the auditor or reviewer? (dd/mm/yyyy)

Date that the association received the auditor or reviewer's representation? (dd/mm/yyyy)

The association seeking an exemption order from the Commissioner to do the following:

- Providing a copy of the reviewer or auditor's representation to members of the association.
- Allowing the reviewer or auditor to attend the meeting and address the members.

Explain in as much detail as possible, why the association's request for an exemption should be approved?
For example, the costs associated with providing members a copy of the auditor's representation would be prohibitive.

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

FORM CONTINUES NEXT PAGE

4. DECLARATION

Who must sign this form

To be completed by a committee member of the incorporated association named in this form or a person authorised by the committee.

I certify that:

- I am authorised by the association's committee members to lodge this application and any accompanying documents under the *Associations Incorporation Act 2015*;
- I have prepared this application in accordance with the information supplied by the association's committee;
- The information in this form, and any supporting documents provided at the time or subsequently, are to the best of my knowledge and belief true, correct and complete; 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.

Signature

Date signed (dd/mm/yyyy)

Full name

Position held or affiliation with the association

PRIVACY COLLECTION NOTICE

The Department of Local Government, Industry Regulation and Safety (LGIRS) collects the personal information you provide through this form to administer the *Associations Incorporation Act 2015 (WA)*, including assessing applications, processing notifications and maintaining regulatory information. For more information about how your personal information is handled, including disclosures and your privacy rights, please see the full [Privacy Collection Notice](#) on our website.

FORM CONTINUES NEXT PAGE

WHO SHOULD WE CONTACT IF THERE IS A QUERY ABOUT THIS FORM

Title

Given name

Family name

Email

Contact telephone

Mobile number

Address (Street or PO Box)

Suburb

State

Postcode