Department of **Local Government, Industry Regulation and Safety**

GOVERNMENT OF WESTERN AUSTRALIA

AURSP

This form is effective from 1 July 2026

Notice of resignation of an auditor or reviewer

Associations Incorporation Act 2015 s 87(6)

Please read this information before completing this form

HOW TO USE THIS FORM

Use this form to notify 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.

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

- Your form will be reviewed. You 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.
- You will be advised of the outcome in writing. If refused, the reasons for the decision will be provided.
- If any change in the information you have provided in this form occurs, please notify us as soon as possible.

ENQUIRIES

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.

Department of **Local Government, Industry Regulation and Safety**

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Notice of resignation of an auditor or reviewer

Associations Incorporation Act 2015 s 87(6)

OFFICE USE ONLY

When completed this form is classed as "OFFICIAL SENSITIVE"

1. DETAILS OF ORGANISATION

Name of the incorporated association that the auditor or reviewer is resigning from

Incorporated Association Registration Number (IARN)

2. AUDITOR OR REVIEWER DETAILS

The person resigning was engaged as a:

Note:

- ***Reviewer:*** *Typically engaged when total revenue is $500,000 to less than $3,000,000 (Tier 2), or the review is required by resolution of members.*
- ***Auditor****: Typically engaged when total revenue is $3,000,000 or more (Tier 3), or an audit is required by resolution of members.*

☐ Reviewer

☐ Auditor

Title **Given name** **Family name**

Firm name (if applicable)

Postal address

Suburb or town **State** **Postcode**

Telephone **Email address**

FORM CONTINUES NEXT PAGE

3. RESIGNATION DETAILS

On what date did the association receive the notice of resignation?
(DD/MM/YYYY)

What reasons were given for the resignation

4. DECLARATION

Who must sign this notice

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

I declare:

- I am authorised by the committee of the incorporated association named in this form to lodge this notification;
- the information in this form, and any supporting documents provided at the time or subsequentially, 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 or misleading declaration in relation to this application.

Signature

Date signed (dd/mm/yyyy)

Full name

Position held

5. ATTACHMENTS

Tick each document you are submitting with this form

☐ A copy of the auditor or reviewer's Notice of Resignation

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

Contact telephone

Mobile number

Address (Street or PO Box)

Suburb

State

Postcode

Email address