|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| P:\2085 - Associations Working Documents\2017 - Letter updating for Department renaming\New Logo & Style Guide\GovLogo_DMIRS_Consumer Protection_Hi res_BW.jpg | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | |
| Charitable Collections Licence – Annual Statement | | | | | | | | | | | | | | | | | | | | | | |
| *Charitable Collections Act 1946 s 15(1)* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Purpose**  All charities licenced in Western Australia must submit an Annual Statement to the Commissioner for Consumer Protection in Western Australia including audited accounts and the Auditor’s Report*.*  **Instructions**   * Type directly into this form electronically before printing and signing it or hand print neatly using an ink pen in BLOCK LETTERS. * where appropriate and complete all sections of the form. * Attach a copy of the audited accounts and the signed Auditor’s Report.   **Important Notice**  Pursuant to Section 15(1) of the *Charitable Collections Act 1946*, it is a condition of your licence that your Annual Statement and Auditor’s Report be lodged within 6 months of the end of the relevant financial year applicable to your organisation.  If you have not lodged the required documents by the due date, you may not make any further charitable collections from that date until such time as you have lodged your Annual Statement, audited accounts and Auditor’s Report.  Failure to lodge your Annual Statement, audited accounts and Auditor’s Report may also result in the revocation of your licence. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **ORGANISATION DETAILS** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | *Day* | | | *Month* | | | *Year* | | | |
| 1. This annual statement is for the financial year ending: | | | | | | | | | | | | |  | | |  | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 1. What is the name of the organisation?   *This is the registered name of the organisation as it appears on legal or other official documents.* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 1. What is the organisation’s licence number?   *This is the licence number issued under the Charitable Collections Act 1946 (WA).* | | | | | | | | | | | | | CC | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 1. What is the organisation’s current postal address?   *Provide the organisation’s email address and the address you want the Department to use to send communication to.*  *Email 1 should be the organisation’s contact email address.* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Postal address | | | |  | | | | | | | | | | | | | | | | | | |
| Suburb | | | |  | | | | | | State | | | | |  | | | Postcode | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | |  | | | | | | Mobile | | | | |  | | | | | | | |
| Email 1 | | | |  | | | | | | Email 2 | | | | |  | | | | | | | |
| Contact Person | | | |  | | | | | | Position held | | | | |  | | | | | | | |
| Has your organisation adopted the Voluntary Code of Practice for public fundraising? | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | | | | | |  | | No | | | | | | | | | | | | |
| Information about the Voluntary Code of Practice for public fundraising is available at: [www.dmirs.wa.gov.au/consumer-protection/charities-code-practice](http://www.dmirs.wa.gov.au/consumer-protection/charities-code-practice). | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Are you registered with the Australian Charities and Not-for-profits Commission (ACNC)? | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | | | | | |  | | No | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **PRINCIPAL EXECUTIVE OFFICERS** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Have there been any changes to the Principal Executive Officer’s since your last application/statement? | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | | | | | |  | | No | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, a Principal Executive Officer (PEO) declaration form must be completed and lodged for each new PEO.  Please note:   * any change to the licensee’s PEO’s must be notified to the Department within one month after the change. * A PEO declaration form can be downloaded from the Departments website: [www.dmirs.wa.gov.au/charities](http://www.dmirs.wa.gov.au/charities). Please note a National Police Certificate, no more than 6 months old, is required for all new PEO’s. * Three primary office holders are required to be appointed as PEO’s, e.g. Chair, CEO, Secretary, Treasurer or equivalent. * If you are unsure of your recorded PEO’s please contact the Charities Section on (08) 6552 9364. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **DETAILS OF APPROVED AUDITOR** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Has the Auditor changed since the last financial year? | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | | | | | |  | | No | | | | | | | | | | | | |
| If Yes, please provide details of the new Auditor below. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Auditor’s Name | | | | |  | | | | | | | | | | | | | | | | | |
| Auditor’s qualifications | | | | |  | | | | | Company/Firm name | | | | |  | | | | | | | |
|  | | | | | *e.g. RCA, CA, CPA, IPA, ATMA* | | | | | | | | | | | | | | | | | |
| Postal address | | | | |  | | | | | | | | | | | | | | | | | |
| Suburb | | | | |  | | | | | State | | | | |  | | | Postcode | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | |  | | | | | Mobile | | | | |  | | | | | | | |
| Email | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE: A COPY OF THE SIGNED AUDITOR’S REPORT MUST BE SUBMITTED WITH THIS FORM.** | | | | | | | | | | | | | | | | | | | | | | |
| **CHARITABLE COLLECTIONS** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Did you receive any charitable collections during the last financial year? | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes | | | | |  | | No | | | *If No, please contact this office on (08) 6552 9364 to discuss.* | | | | | | | | | | |
| **Yes, please detail below how the goods** | | | | | | | | | | | | | | | | | | | | | | |
| Did you apply those collections to your charitable purpose? | | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes | | | | |  | | No | | | *If No, please contact this office on (08) 6552 9364 to discuss.* | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **INVESTMENTS** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Regulation 16 of the Charitable Collections Regulations 1947 provides that:  Except with the approval of the Minister, a charitable organisation shall not invest monies belonging to the organisation other than –   1. in a fixed deposit in any company registered to carry on the business of banking in Western Australia: or 2. as trust funds may be invested under Part III of the *Trustees Act 1962*. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Does your organisation have any funds in other than a bank account? | | | | | | | | | | | | | |  | | | No | | |  | | Yes |
|  | | | | | | | | | | | | | | | | | | | | | | |
| If yes, do the investments held by your charity comply with the requirements of Regulation 16? | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | | | | | |  | | No | | | | | | | | | | | | |
| If No, please provide detail below (if insufficient space is available, please attach a separate page). | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **DECLARATION** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| I, |  | | | | | | | | |  |  | | | | | | | | | | declare that: | |
|  | *Full name* | | | | | | | | |  | *Position held within the organisation* | | | | | | | | | |  | |
| * the information contained in this statement is true and correct; * I believe the organisation will be able to pay its debts when they become due and payable; * the accounts have been audited in accordance with the requirements of the *Charitable Collections Act 1946*; and * the organisation has complied with the *Charitable Collections Act 1946* and the Charitable Collections Regulations 1947. | | | | | | | | | | | | | | | | | | | | | | |
|  | I have attached a copy of the audited accounts and a signed copy of the Auditor’s Report for the financial year. | | | | | | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | Date | | | | | | | |  | | | |
| Name | | |  | | | | | | | | Position in organisation | | | | | | | |  | | | |
| **LODGING THE STATEMENT** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| By email: *(preferred)*  **charitiesaudits@dmirs.wa.gov.au** | | | | | | By post:  **Department of Mines, Industry Regulation and Safety**  **Consumer Protection Division**  **Associations and Charities Branch**  **Locked Bag 100**  **PERTH WA 6850** | | | | | | | | | In person: (8.30 am to 4.30pm weekdays)  **Department of Mines, Industry Regulation and Safety**  **Consumer Protection Division**  **Level 2, Gordon Stephenson House**  **140 William Street**  **PERTH** | | | | | | | |
| For assistance call our information line on (08) 6552 9364 | | | | | | | | | | | | | | | | | | | | | | |
| *For more information please visit* [*www.dmirs.wa.gov.au/charities*](http://www.dmirs.wa.gov.au/charities)*.* | | | | | | | | | | | | | | | | | | | | | | |