



NOTIFICATION OF RESIGNATION, REMOVAL OR CESSATION OF AN AUDITOR

Date Received

Instructions
 NO GST PAYABLE on these fees.
 Please complete in **BLOCK LETTERS**. Attach extra pages if needed. All references to dates should be in DD/MM/YYYY format.

Privacy Statement – Please Read
 The Department of Mines, Industry Regulation and Safety, Consumer Protection Division (Consumer Protection) is collecting information on this form for the purposes of the **Co-operatives Act 2009** (the Act).

In accordance with the Act, a register of this information and any documents lodged with the Registrar will be available for inspection 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.

Part 1 – General Details

Section 1 Applicant Details

Preferred contact method:
 Mail
 Phone
 Email

Title: Mr Mrs Ms Miss Other (specify).....

Name of Person Making Notification:

Address.....

.....

Suburb..... State Postcode

Telephone ()..... Fax ().....

Mobile

Email Address.....

Part 2 – Co-operative and Auditor Details

Co-operative Registration Number:

Co-operative Name:

Registered Address.....

Suburb..... State Postcode

Phone ()..... Fax ().....

Email:

Name of Auditor:.....

Firm (if applicable):.....

Postal Address:.....

Details of Resignation, Removal or Cessation

() Notice was received of the resignation of the auditor/s. The date of resignation is (d/m/y)

() The auditor/s was/were removed from office in accordance with s 329 of the Corporations Act 2001. The date of removal is (d/m/y).....

() The auditor is deceased. The date of death was (d/m/y).....

() The auditor has been disqualified for reasons specified under the Corporations Act 2001 section 327B subsection 2A, 2B or 2C. The date of disqualification was (d/m/y).....

The reason for the disqualification was:

() The co-operative is being wound up. The date of Resolution or date of Court Order was (d/m/y)

I certify that the information in this form is true and complete:

Signature: Office held:.....

Print Name: Date:

Lodgement Details

Please Note

This application should be accompanied by the relevant fee prescribed in the regulations. Should you require further assistance please contact our office on 1300 304 074

Lodgement by Mail:

Department of Mines, Industry Regulation and Safety
Consumer Protection Division
Associations & Charities Branch
Locked Bag 14
Cloisters Square
PERTH WA 6850

Lodgement in Person:

The Department of Mines, Industry Regulation and Safety
Consumer Protection Division
Level 1, Mason Bird Building
303 Sevenoaks Street
CANNINGTON WA