|  |  |
| --- | --- |
| C:\Users\acurtis\Downloads\frame (2).png  | P:\2085 - Associations Working Documents\2017 - Letter updating for Department renaming\New Logo & Style Guide\GovLogo_DMIRS_Consumer Protection_Hi res_BW.jpg |
| AURSP |  |
| Notice of resignation of an auditor or reviewer |
| *Associations Incorporation Act 2015 s 87(6)* |
|  |
| **Purpose**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.****Instructions*** Type directly into this form electronically before printing and signing it or hand print neatly using an ink pen in block letters.
* Tick 🗹 where appropriate and attach a copy of the auditor or reviewer Notice of resignation
* An incomplete application cannot be processed
* Please do not staple the documents
* Keep a copy of the application (including attachments) for your own records.
 |   | **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
 |
|  |

 |
| 1. 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 |  |
|  |
|  |
|  | *Day* | *Month* | *Year* |
| 1. Date that the association received the auditor or reviewers notice of resignation?
 |  |  |  |
| ***Please attach a copy of the Notice of Resignation that was received from the auditor or reviewer***  |
| 1. 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 |  | Date |  |
|  |
| Title | □ Mr □ Mrs □ Ms □ Miss □ Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name |  | Surname |  |
|  |
| Street or PO |  |
| Suburb |  |
| State |  | Postcode |  |
|  |
| Telephone |  | Mobile |  |
|  |
| Email |  |
|  |
| IMPORTANT: Before you submit this form, check that you have provided true and correct information.  |
|  |
| **Privacy Statement – please read.** The Department of Mines, Industry Regulation and Safety, Consumer Protection Division is collecting and holding information supplied for the purposes of the Act. In accordance with this legislation, a copy of this form and the information it contains will be available for purchase by the public upon payment of a prescribed fee. |
| **LODGING THE APPLICATION FORM** |
| You may lodge the application:: |
| **By post:**Department of Mines, Industry Regulation and SafetyConsumer Protection DivisionAssociations and Charities BranchLocked Bag 100EAST PERTH WA 6892 | **In person: (8.30 am to 4.30pm weekdays)**Department of Mines, Industry Regulation and SafetyConsumer Protection DivisionLevel 2, Gordon Stephenson House140 William Street PERTH WA |
| **Email submissions cannot be accepted** |
| For assistance call our information line on 1300 304 074 or (08) 6552 9300 (8.30 am to 4.30pm weekdays) |