



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

An incorporated association should use this application form to obtain an exemption order under the *Associations Incorporation Act 2015* (the Act), which will prevent the Association from being required to provide a copy of an auditor or reviewer's representation about their proposed removal to its members.

RELATED INFORMATION



- An incorporated association can initiate a process to remove an appointed auditor or reviewer, which allows its members to vote on the change of person. The steps for removing an auditor or reviewer entail the following:
 1. The committee giving at least two months' notice of their intention to remove the auditor or reviewer by resolution at a general meeting.
 2. The committee sending a copy of the notice to the auditor or reviewer and the Commissioner. The [Notice of resolution to remove auditor or reviewer form](#) should be used for notifying the Department.
 3. Within 30 days of receiving a copy of the notice of intention, the auditor or reviewer may make representations in writing to the Association concerning the proposed action.
 4. When an auditor or reviewer makes a submission, if an exemption order has not been granted, the committee must give its members a copy of the representation at least seven days before the proposed meeting.
 5. Convening the meeting and voting on the resolution to remove the reviewer or auditor. If no exemption order has been granted, the auditor or reviewer must be allowed to attend the meeting and speak to members prior to the vote taking place.
- An application for an exemption order may be sought, which, if granted, exempts the committee from needing to provide the auditor or reviewer representation to its members and allow the auditor or reviewer to attend the meeting.
- The Act does not limit the factors the Commissioner may consider in determining whether an exemption order should be made. Every application will be considered on its individual merits.
- The Commissioner can make the order subject to any conditions and limitations as is considered appropriate.

FEES

Visit our [fees forms and online transactions](#) page for current application fees. GST is not payable on these fees.

HOW TO LODGE AND PAY

Complete this form and return it, together with any supporting documents, using one of the following methods

| | |
|---|---|
|  In person | <p>Pay in person using cash, cheque, money order or card (debit or credit) via our customer service counter at:</p> <p>Level 1, Mason Bird Building, 303 Sevenoaks Street CANNINGTON</p> <p>Hours: 8:30 am to 4:30 pm (weekdays)</p> |
|  Post | <p>Pay by mail with cheque or money order to:</p> <p>Department of Mines, Industry Regulation and Safety Associations & Charities Branch Locked Bag 100 EAST PERTH 6892</p> <p>Make cheques and money orders payable to “<i>Department of Mines, Industry Regulation and Safety</i>”</p> |

NOTE: From September 2023, the Department will not accept payments by credit card for mailed forms. Card payments can be made in person at our cashiering services.

WHAT HAPPENS NEXT

- The form will be reviewed. The contact person will be notified 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; and
 - is not accompanied by the necessary supporting documents.
- If any change occurs in the provided information, notify the Department as soon as possible

CONTACT

For assistance with completing this form, or information about the progress of an application, contact the Associations and Charities Branch by:

Telephone **1300 30 40 74 or (08) 6552 9300** (8:30 am to 4:30 pm weekdays)

Email associations@dmirs.wa.gov.au

Website www.dmirs.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.



AUEXP

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

Associations Incorporation Act 2015 s 90 and 91

Purpose

This application form should be used by an association incorporated to obtain an exemption from its obligation to distribute a copy of an auditor or reviewer's representation to its members under the *Associations Incorporation Act 2015* (the Act).

Instructions

- Type directly into this form electronically before printing and signing or else complete by hand using blue or black pen and print in BLOCK letters.
- Complete all sections in every case.
- Make a copy of this form (including attachments) for your own records.

OFFICE USE ONLY

SECTION A: INCORPORATED ASSOCIATION PARTICULARS

1. Name of the incorporated association

2. Incorporated association's registration number (IARN)

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SECTION B: PARTICULARS OF ASSOCIATION'S AUDITOR OR REVIEWER

3. 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

SECTION C: REASONS FOR SEEKING AN EXEMPTION

4. Date of the meeting where proposed resolution to remove the auditor or reviewer will be considered? *(dd/mm/yyyy)*
5. Date that notice of the meeting proposing the removal was provided to the auditor or reviewer? *(dd/mm/yyyy)*
6. Date that the association received the auditor or reviewer's representation?
(dd/mm/yyyy)
7. 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.
8. 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"

SECTION E: APPLICANT'S 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.*

Signature

Date signed

Title

Mr Mrs Ms Miss Other, please specify:

Name

Surname

Address

(Street or PO)

Suburb

State

Postcode

Email

Telephone

IMPORTANT: Before you sign 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.

CONTACT FOR THIS APPLICATION

Who should the Department contact if there is a query about this application form?

The applicant (submitter)

Another person ► Provide the contact's details below:

Title

Mr Mrs Ms Miss Other, please specify:

Name

Surname

Address

(Street or PO)

Suburb

State

Postcode

Email

Telephone