



**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 it or hand print neatly using an ink pen in block letters.
- Tick  where appropriate.
- An incomplete application cannot be processed
- Please do not staple the documents

### OFFICE USE ONLY

## SECTION A: INCORPORATED ASSOCIATION PARTICULARS

1. What is the name of the incorporated association?

2. What is the incorporated association's registration number (IARN):

## SECTION B: PARTICULARS OF ASSOCIATION'S AUDITOR OR REVIEWER

3. Provide the name and particulars of the association's auditor or reviewer

Title  Mr  Mrs  Ms  Miss  Other ▶ \_\_\_\_\_

Name

Surname

Firm Name

Street or PO

Suburb

State

Postcode

Telephone

Mobile

Email



## SECTION D: 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	<input type="text"/>	Date	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other ▶ _____		
Name	<input type="text"/>	Surname	<input type="text"/>
Address (Street or PO)	<input type="text"/>		
Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>	Telephone	<input type="text"/>

**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.

## LOGGING THIS APPLICATION

Please make a copy of the completed application (including any attachments) for your own records and then return by:

mail to  
Department of Mines, Industry Regulation and Safety  
Consumer Protection Division  
Associations and Charities Branch  
Locked Bag 100  
EAST PERTH WA 6892

email to [associations@dmirs.wa.gov.au](mailto:associations@dmirs.wa.gov.au) (Please ensure that the form is clearly scanned)

For assistance call our information line on 1300 304 074 or (08) 6552 9300 (8.30 am to 5.00pm weekdays)

## PAYMENT

This application is subject to fee relief.

Please refer to our webpage for further fee waiver information

<https://www.commerce.wa.gov.au/consumer-protection/associations-fees-forms-and-online-transactions>