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| **Form 3** | This form is effective from September 2023 |
| Application requesting further time to hold the Annual General Meeting |
| *Associations Incorporation Act 2015 s 50(3)(b)* |
| **Please read this information before completing this form** |
| **ABOUT THIS FORM**  |
| Use this form to apply to extend the date by which an incorporated association must hold its Annual General Meeting (AGM) under the *Associations Incorporation Act 2015* (the Act).**Lodgement period:**This form should be lodged as soon as possible after the association becomes aware that it will be unable to comply with its obligations under the Act, but must be received before the period within which the AGM is required to be held expires. |
|  |
| **RELATED INFORMATION**  |
| * The first annual general meeting (AGM) of an incorporated association is required to be held within 18 months after becoming incorporated. Thereafter, subsequent AGM’s must be held:
1. at least once in each calendar year, and
2. after the end of but within six months of its end of financial year
* The requirement for holding an AGM in each calendar year may limit the extension periods that can be considered.
* An AGM is an important meeting for the members. The Department will usually be inclined to grant an extension of time only if the association’s inability to hold its AGM on time is due to factors beyond its control; or it is otherwise in the interests of its members to do so.
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| **FEES** |
| Visit our [fees forms and online transactions](https://www.commerce.wa.gov.au/consumer-protection/associations-fees-forms-and-online-transactions) page for current application fees. GST is not payable on these fees. |
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| **HOW TO LODGE AND PAY** |
| You can lodge online using our [AssociationsOnline](http://www.commerce.wa.gov.au/associationsonline) portal or else complete this form and return it, together with any supporting documents, using one of the following methods |
| ******In person** | Pay in person using cash, cheque, money order or card (debit or credit) via our customer service counter at:**Level 1, Mason Bird Building,** **303 Sevenoaks Street****CANNINGTON**Hours: 8:30 am to 4:30 pm (weekdays)  |
| ******Post** | Pay by mail with cheque or money order to:**Department of Mines, Industry Regulation and Safety****Associations & Charities Branch****Locked Bag 100** **EAST PERTH 6892**Make cheques and money orders payable to “*Department of Mines, Industry Regulation and Safety”* |
| **NOTE: From September 2023, the Department will not accept payments by credit card for mailed forms. Card payments can only 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 the request is approved, the contact person will be sent written confirmation of the approval.
* If the form is refused, the contact person will be given written notification of the reasons.
* 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**](http://www.dmirs.wa.gov.au/associations) |
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**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**

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| FORM 03 |
| Application requesting further time to hold the Annual General Meeting |
| *Associations Incorporation Act 2015 s 50(3)(b)* |
|  |
| Use this form to apply for an extension of the time for an association to hold its Annual General Meeting (AGM) 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 application (including attachments) for your own records.
 |   | **OFFICE USE ONLY** |
|  |
|  |
| **SECTION A: INCORPORATED ASSOCIATION PARTICULARS** |
| 1. Name of the incorporated association
 |
|  |
|  |
| 1. Incorporated association’s registration number (IARN)
 |  |
|  |
| **SECTION B: PARTICULARS FOR REQUESTING FURTHER TIME TO HOLD THE AGM** |
|  |  |
| 1. The financial year end that this AGM applies is:

*(dd/mm/yyyy – ie 30/06/2022)* |  |
|  |
| 1. Has the association held any previous AGM?
 |
| □ | NO |
| □ | YES |
|  |  | Date of last AGM *(dd/mm/yyyy)* |  |
|  |
|  |
| 1. The extended date for holding AGM is:

*(dd/mm/yyyy)* |  |
|  |
| 1. The reason/(s) that an extension of time is required is:
 |
|  |  |
| ***If there is insufficient space, please attach an supporting document titled “Reasons extension is required****”* |
| **SECTION C: APPLICANT’S DECLARATION & DETAILS** |
| Provide the name and particulars of the person making this application: |
| *I certify that:** *I am authorised by the association’s committee member to lodge this application and any accompanying documents under the Act;*
* *I have prepared this application in accordance with the information supplied by the association’s committee;*
* *the information contained within this application and any accompanying documents is true and correct; and*
* *I acknowledge that it is an offence under section 177 of the Act 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.**  |
| **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 |  |