



FORM 03

Application requesting further time to hold the Annual General Meeting (AGM)

Associations Incorporation Act 2015 s 50(3)(b)

Purpose

Use this application form to request additional time in which an association incorporated under the *Associations Incorporation Act 2015* (the Act) is able to hold its Annual General Meeting (AGM).

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 additional pages if space in this form is insufficient.
- Keep a copy of the application (including attachments) for your own records

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 FOR REQUESTING FURTHER TIME TO HOLD THE AGM

3. Is this request in relation to the Associations first AGM?

YES NO

Day Month Year

4. What date does the association's current financial year end on?

Day Month Year

5. What is the proposed date to hold the AGM?

6. Please choose the best reason/s that reflect why this application is being made:

- | | |
|--------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Extra time is required to convene meeting | <input type="checkbox"/> Members unable to attend till a later date |
| <input type="checkbox"/> Financial statements not ready | <input type="checkbox"/> Lack of available documents |
| <input type="checkbox"/> Auditor/Reviewer has not completed audit | <input type="checkbox"/> Key documents or data lost or destroyed |
| <input type="checkbox"/> Other – <i>Describe in the space provided</i> ▶ | |

If there is insufficient space, please attach an annexure labelled "Reasons for application"

SECTION C: 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 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.

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.

SUBMITTING THIS APPLICATION

Return the completed application, with any supporting documentation and the applicable fees:

In person at:	Level 1, Mason Bird Building, 303 Sevenoaks Street, CANNINGTON WA
By mail to:	Department of Mines, Industry Regulation and Safety, Consumer Protection, Associations & Charities Branch, Locked Bag 100 EAST PERTH 6892
Online	You can submit this form online using AssociationsOnline by visiting www.commerce.wa.gov.au/associationsonline

Do not submit by email. We cannot accept forms containing credit card numbers that are emailed

What happens next;

- The application and attachments will be reviewed. You will be notified in writing if further information is needed.
- If any change occurs in the information you have provided in your application, you must notify Consumer Protection as soon as possible.

If you need assistance completing this form contact the Associations and Charities Branch on **1300 30 40 74** or **6552 9300**. between 8.30am and 4.30pm weekdays

PAYMENT

GST is not applicable on fees. A receipt will not be issued unless specifically requested.

Cash
(Pay in person – do not send cash in the mail)

Payment method Money Order / Cheque
(Made payable to the Department of Mines, Industry Regulation and Safety)

Debit / Credit Card ► Complete details below

IMPORTANT

Consumer Protection cannot accept debit/credit card details over the phone or email (including any attachments) in accordance with the Payment Card Industry Data Security Standards.

If an email is received containing debit /credit card details, it will be deleted immediately and your application and payment will not be processed.

Charge my VISA MASTERCARD

Debit/Credit card number

Expiry Date MM / YY Amount authorised \$

Cardholder's name:

Cardholder's signature Date: DD / MM / YYYY

If the payment has been made by another person on behalf of the applicant, please complete below

Postal address:

Suburb: State: Postcode:

Telephone Email