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| **FORM 01T** | This form is effective from September 2023 |
| Application for approval to register or incorporate under another law |
| *Associations Incorporation Act 2015 s 93, Associations Incorporation Regulations 2016 r14* |
| **Please read this information before completing this form** |
| **ABOUT THIS FORM**  |
| Use this form when an association intends to transfer its registration to a company under the *Corporations Act 2001*, a co-operative under the *Co-operatives Act 2009* or an Aboriginal and Torres Strait Islander corporation under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act)*.A company, co-operative or corporation registered as a result of a transfer is considered to be the same body as the association. The transfer does not affect the rights or obligations of the organisation**Lodgement period:**Within 28 days after the meeting where the decision to apply to have the associations incorporation cancelled was passed.by special resolution. |
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| **RELATED INFORMATION**  |
| * Before completing this form, the incorporated association **must** pass a special resolution at a general meeting of members, not at a **management committee meeting** that authorises the association to applying for registration under another law.
* A change of corporate structure may affect existing statutory or contractual obligations with government funding agencies, affiliated bodies or accreditation bodies. Associations should consider what approvals (if any) they need and obtain legal and other professional advice before embarking on this process.
* It is important that the association undertaking this process registers as an existing body corporate and does not register as a new company, co-operative or Aboriginal and Torres Strait Islander Corporation. Once an application is approved:
	+ to transfer its registration to a company an [ASIC Form 202](https://asic.gov.au/regulatory-resources/forms/forms-folder/202-application-for-registration-of-a-body-corporate-as-a-company/) must be lodged.
	+ to transfer its registration to an Aboriginal and Torres Strait Islander corporation, an [ORIC Application for registration (existing organisation)](https://www.oric.gov.au/sites/default/files/documents/04_2023/FORM_ISS-1102_revised-2023-04.pdf) must be lodged; or
	+ Contact the Department to obtain the correct form to transfer registration to a co-operative.
* Associations need to nominate the date that it expects to apply for registration in this form. The form should be lodged well in advance of this date and allow sufficient time for the Department to consider the matter and for the association to make its submission to the relevant authorities.

Corporations Act* Associations should contact the [Australian Securities and Investments Commission](http://www.asic.gov.au) (ASIC) for information and guidance on the reporting and regulatory requirements of the Corporations Act before submitting this form.

Corporations (Aboriginal and Torres Strait Islander) Act 2006* Associations should contact the [Office of the Registrar of Indigenous Corporations](http://www.oric.gov.au) (ORIC) for information and guidance on the reporting and regulatory requirements for operating under the CATSI Act before submitting this form.
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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. |
| **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.** |
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| **WHAT HAPPENS NEXT** |
| * The form and supporting documents 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.
* The contact person will be notified in writing as to whether approval to transfer has been granted.
* If any change occurs in the provided information, notify the Department as soon as possible.
 |
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| **PRIVACY**  |
| The Department of Mines, Industry Regulation and Safety is collecting and holding information supplied for the purposes of the *Associations Incorporation Act 2015* (the Act). In accordance with the Act, a copy of this form and any documents lodged with will be available for inspection and purchase by the public upon payment of a prescribed fee. In other instances, information on this form can be disclosed without your consent where authorised or required by law. |
|  |
| **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 01T |
| Application for approval to register or incorporate under another law |
| *Associations Incorporation Act 2015 s 93, Associations Incorporation Regulations 2016 r14* |
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| Use this application form to obtain approval to transfer the association’s registration to a company under the *Corporations Act 2001*, a co-operative under the *Co-operatives Act 2009* or an Aboriginal and Torres Strait Islander corporation under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI 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)
 | **A** |
|  |
| **SECTION B: PARTICULARS OF INTENDED TRANSFER**  |
| 1. The association is applying to transfer its incorporation from the *Associations Incorporation Act 2015* to:
 |
| □ | COMPANY under the *Corporations Act 2001* **OR** |
| □ | CORPORATION under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* **OR** |
| □ | CO-OPERATIVE under the *Co-operatives Act 2009* (WA)  |
|  |
| 1. The special resolution authorising an application to transfer the association’s registration was passed on:
 |  |
| *(dd/mm/yyyy – ie 30/06/2022)* |
| □ | **A copy of the special resolution is attached** |

|  |
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| 1. The name the association intends to adopt on transfer will be:
 |
|  |
|  |
| 1. The date the association intends to apply for registration is:

*(dd/mm/yyyy)* |  |
|  |
| 1. The reasons the association is seeking to transfer its registration are:
 |
|  |
| ***If there is insufficient space, please attach supporting document titled “Reasons for transferring”*** |
| 1. Do the rules of the body that the association intends to transfer to prohibit the payment of profits to members?
 |
| □ | YES |
| □ | NO |
|  |
| 1. Will the association’s creditors be materially prejudiced by the transfer?
 |
| □ | YES |
| □ | NO |
|  |
| 1. Does the association receive funding?
 |
| □ | NO |
| □ | YES |
|  |  | □ I have attached evidence that the funding bodies have been advised of the proposal to transfer. |
|  |
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| **SECTION C: 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 authorised by the association’s committee member to lodge this application and any accompanying documents under the Associations Incorporation Act 2015;*
* *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 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 application, 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 |  |