



FORM 01T

## Application for approval to register or incorporate under another law

Associations Incorporation Act 2015 s 93, Associations Incorporation Regulations 2016 r14

### Purpose

Use this application form to apply for approval to become registered as a different type of prescribed body corporate under another Act.

This form must be submitted to the Department of Commerce within 28 days of the special resolution to transfer being passed.

### 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 a copy of the association's special resolution to transfer to another body corporate
- If the association receives funding attach evidence that funding bodies have been advised of the proposal to transfer
- An incomplete application cannot be processed
- Please do not staple the documents
- 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?

*The association's name as shown on the certificate of incorporation.*

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

## SECTION B: PARTICULARS OF INTENDED TRANSFER

3. The association resolved by special resolution to transfer its registration under the *Associations Incorporation Act 2015* to the following body corporate:

*Tick one option only*

- COMPANY incorporated under the *Corporations Act 2001* (Commonwealth)
- CORPORATION incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (Commonwealth)
- CO-OPERATIVE registered under the *Co-operatives Act 2009* (WA)

4. What is the date of the general meeting where members passed the special resolution to transfer incorporation?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please attach a copy of the Special Resolution**

5. What will be the name of the new body corporate?

6. What is the date the association intends to apply for registration as the body corporate?

<i>Day</i>	<i>Month</i>	<i>Year</i>

7. Provide the reasons why the association is seeking to transfer its registration?


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

8. Do the rules of the proposed body corporate prohibit the payment of profits to members?

Yes  No

9. Will the association's creditors be materially prejudiced by the transfer?

Yes  No

10. Does the association receive funding?

Yes  No

***If yes, please attach evidence the funding bodies have been advised of the proposal to transfer to this 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 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.*

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 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.

## 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 <a href="http://www.commerce.wa.gov.au/associationsonline">www.commerce.wa.gov.au/associationsonline</a>

**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