



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

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.

LOGGING THIS APPLICATION

This application can be lodged through the AssociationsOnline portal. You can access it by logging in at www.commerce.wa.gov.au/AssociationsOnline and following the links there.

Alternatively, 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 (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>