



Application requesting copies of documents

Associations Incorporation Act 2015 s20

Please read this information before completing this form

ABOUT THIS FORM

This form is to be used to request copies of documents lodged under the *Associations Incorporation Act 2015* or an Extract.

Note: If an association no longer has its original certificate of incorporation, it can purchase a replacement using the [Form 09R](#)

RELATED INFORMATION



- A person can request certified copies of:
 - the Rules of an association (if the Own Rules are adopted)
 - an Extract;
 - a Duplicate copy of the original certificate of incorporation or certificate of change of name; or
 - other documents lodged about the association.
- The **Rules** cannot be provided for associations using the Prescribed Model Rules. A copy of the Prescribed models can be obtained from our webpage [here](#).
- An **Extract** includes the association's current name, registration number (IARN), date of incorporation or cancellation, current address for service of notice, current status, tier, financial year end, date of its last annual general meeting and the type of rules it is using.

FEES

Visit our [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](#) portal or else complete this form and return it, together with any supporting documents, using one of the following methods

| | |
|---|--|
|  In person | <p>Pay in person using cash, cheque, money order or card (debit or credit) via our customer service counter at:</p> <p>Level 1, Mason Bird Building, 303 Sevenoaks Street CANNINGTON</p> <p>Hours: 8:30 am to 4:30 pm (weekdays)</p> |
|  Post | <p>Pay by mail with cheque or money order to:</p> <p>Department of Mines, Industry Regulation and Safety Associations & Charities Branch Locked Bag 100 EAST PERTH 6892</p> <p>Make cheques and money orders payable to "<i>Department of Mines, Industry Regulation and Safety</i>"</p> |

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

- Available documents will be provided by email
 - Generally within 10 working days if the requested document was lodged after 2015; or
 - Longer time may be required if the requested document was lodged before 2015.
- You will be advised if the requested documents are unavailable.

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

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.



FORM 09

Application requesting copies of documents

Associations Incorporation Act 2015 s20

This form should be used by a person to obtain from the Commissioner of Consumer Protection a certified copy of documents lodged under the *Associations Incorporation Act 2015* (the Act).

Instructions

- Type directly into this form electronically before printing and signing it or hand print neatly using an ink pen in block letters.
- Complete all sections in every case.
- Keep a copy of the application (including attachments) for your own records.

| OFFICE USE ONLY |
|-----------------|
| |

SECTION A: REQUEST DETAILS

Incorporated association's name

IARN

SECTION B: DOCUMENTS REQUIRED

Select all documents that are required:

- | | | |
|--------------------------|---|---------|
| <input type="checkbox"/> | Extract about an incorporated association | \$24.00 |
| <input type="checkbox"/> | Copy of Duplicate Certificate of Incorporation | \$25.00 |
| <input type="checkbox"/> | Copy of the Rules (if using own rules) | \$50.00 |

Copy of **lodged forms** ▶ *Tick which forms are required* If known, provide the approximate date lodged **\$13.00 per form**

| | | |
|--------------------------|--|--------------|
| <input type="checkbox"/> | Form 1 - Application for Incorporation | Date lodged: |
|--------------------------|--|--------------|

| | | |
|--------------------------|---|--------------|
| <input type="checkbox"/> | Form 4 – Notification of associations address | Date lodged: |
|--------------------------|---|--------------|

| | | |
|--------------------------|---|--------------|
| <input type="checkbox"/> | Form 5 – Notice of Special Resolution to change rules | Date lodged: |
|--------------------------|---|--------------|

| | | |
|--------------------------|---|--------------|
| <input type="checkbox"/> | Form 5A – Notice of Committee Resolution to alter the rules | Date lodged: |
|--------------------------|---|--------------|

| | | |
|--------------------------|--|--------------|
| <input type="checkbox"/> | Form 6N – Application for Voluntary Cancellation | Date lodged: |
|--------------------------|--|--------------|

| | | |
|--------------------------|--|--------------|
| <input type="checkbox"/> | Form 1T – Application for approval to register under another law | Date lodged: |
|--------------------------|--|--------------|

Form 18 – Application for amalgamation

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| Date lodged: |
|--------------|

SECTION C: APPLICANT

Provide the name and particulars of the person making this application:

Title Mr Mrs Ms Miss Other ▶ _____

| | | | |
|------|----------------------|---------|----------------------|
| Name | <input type="text"/> | Surname | <input type="text"/> |
|------|----------------------|---------|----------------------|

| | |
|----------------------------------|----------------------|
| Address <i>(Street or PO)</i> | <input type="text"/> |
| | <input type="text"/> |

| | | | | | |
|--------|----------------------|-------|----------------------|----------|----------------------|
| Suburb | <input type="text"/> | State | <input type="text"/> | Postcode | <input type="text"/> |
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| | | | |
|-------|----------------------|-----------|----------------------|
| Email | <input type="text"/> | Telephone | <input type="text"/> |
|-------|----------------------|-----------|----------------------|