



**FORM 09**

**Application requesting copies of documents**

*Associations Incorporation Act 2015 s20*

**Purpose**

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.
- Tick  where appropriate.

OFFICE USE ONLY

**SECTION A: INCORPORATED ASSOCIATION PARTICULARS**

1. Provide the name of the incorporated association that you are requesting documents for:

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

**SECTION B: DOCUMENTS AVAILABLE FOR PURCHASE**

3. Which documents are being requested?  
*(Tick all that apply)*

- Extract** about an incorporated association \$22.00  
*An extract lists the current name of the association, its IARN, current status, date of incorporation and cancellation, date financial year ends, date of the last AGM and current address for service*
- Copy of **Duplicate Certificate** of Incorporation \$23.00
- Copy of the **Rules (if using own rules)** \$46.00

Copy of **lodged forms** ▶ *Tick which forms are required*      If known, provide the approximate date lodged \$11.60 per form

- Form 1 - Application for Incorporation      Date: \_\_\_\_\_
- Form 4 – Notification of associations address      Date: \_\_\_\_\_
- Form 5 – Notice of Special Resolution to change rules      Date: \_\_\_\_\_
- Form 5A – Notice of Committee Resolution to alter the rules      Date: \_\_\_\_\_
- Form 6 – Application for Voluntary Cancellation      Date: \_\_\_\_\_
- Form 1T – Application for approval to register under another law      Date: \_\_\_\_\_
- Form 18 – Application for amalgamation      Date: \_\_\_\_\_

## SECTION C: AUTHORISED PERSONS PARTICULARS & DECLARATION

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

Title  Mr  Mrs  Ms  Miss  Other ▶ \_\_\_\_\_

Name  Surname

Address  
(Street or PO)

Suburb

State  Postcode

Email  Telephone

## 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 8.30 am to 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  /  Amount authorised \$

Cardholder's name:

Cardholder's signature  Date:  /  /

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

Postal address:

Suburb:  State:  Postcode:

Telephone  Email