



AUAPPD

Application for approval of auditor of reviewer

Associations Incorporation Act 2015 s 88(2)(c)

<p>Purpose</p> <p>This form should be used to obtain approval to appoint an auditor that does not meet the qualification provisions prescribed in s88(2) of the <i>Associations Incorporation Act 2015</i> (the Act)</p> <p>Instructions</p> <ul style="list-style-type: none"> ➤ Type directly into this form electronically before printing and signing it or hand print neatly using an ink pen in block letters. ➤ Tick <input checked="" type="checkbox"/> where appropriate and attach additional pages if space in this form is insufficient. ➤ An incomplete application cannot be processed ➤ Please do not staple the documents ➤ Keep a copy of the application (including attachments) for your own records. 	<p>OFFICE USE ONLY</p>
---	-------------------------------

SECTION A: PARTICULARS OF ASSOCIATION'S PROPOSED AUDITOR OR REVIEWER

1. Provide the name and particulars of the association's proposed auditor or reviewer

Title Mr Mrs Ms Miss Other ► _____

Name Surname

Firm Name

Street or PO

Suburb

State Postcode

Telephone Mobile

Email

2. What is the name of the association that the auditor or reviewer is seeking approval to be appointed to?
The association's name as shown on the certificate of incorporation.

3. Please provide details of all qualifications and experience relevant to the appointment as the association's auditor or reviewer.

If there is insufficient space, please attach an annexure labelled "Qualifications and Experience"

SECTION B: 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 duly authorised by the association to lodge this application and any accompanying documents under the Act;*
- the information contained within this application, including any attachments are to the best of my knowledge true and correct; and*
- I understand 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"/>
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 form, 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

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** (8.30am and 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