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| **FORM 06N** | | | This form is effective from September 2023 |
| Application for voluntary cancellation of incorporation | | | |
| *Associations Incorporation Act 2015 s130 and 141* | | | |
| **Please read this information before completing this form** | | | |
| **ABOUT THIS FORM** | | | |
| Use this form when an association wishes to voluntarily end and cancel its incorporation under the *Associations Incorporation Act 2015* (the Act).  **NOTE – All debts and liabilities of the association must be paid before this form is lodged.**  *WARNING: Associations that are unable to pay their debts and liabilities are not able to apply for voluntary cancellation. If the association is unable to pay its debts, the committee of the association should seek immediate advice from a solicitor or accountant in relation to their obligations under the Act.*  **Lodgement period:**  Within 28 days after the meeting where the decision to apply to have the associations incorporation cancelled was passed.by special resolution. | | | |
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| **RELATED INFORMATION** | | | |
| Special Resolutions   * Before completing this form, the incorporated association **must** passed special resolutions at a general meeting of members, not at a **management committee meeting** that approve:   + The making of this application to voluntarily cancel its incorporation, and   + the proposed plan for distributing the associations surplus assets (if applicable) * The terms of the special resolution (motion) voted on by members must be set out Section B of this form. Do NOT attach minutes of meetings.   Surplus assets and proposed distribution plan   * Surplus assets are any property (including money held in bank accounts and cash) remaining after payment of the debts and liabilities. * The Act sets out certain requirements regarding the distribution of surplus assets of an incorporated association including that:   + the proposed distribution plan must be approved by the Department BEFORE the assets are distributed,   + the surplus assets cannot be distributed to or given for the benefit of any member or former member of the association or to any person to be held in trust for such member or former member;   + any asset supplied by a government department or public authority (including any unexpended portion of any grant) must be returned to the department or authority that supplied it or delivered to such person or body as that department or public authority directs; and   + the organisations proposed to receive the association’s surplus assets be one of the following:     1. another association registered under the Associations Incorporation Act 2015 (WA);     2. a company limited by guarantee registered under the Corporations Act 2001;     3. an organisation that holds a current licence under the Charitable Collections Act 1946;     4. an organisation that is a member or former member of the association and whose rules prevent the distribution of property to its members; or     5. a non-distributing co-operative registered under the Co-operatives Act 2009. * The proposed distribution plan which lists the surplus assets, their monetary value and the details of the proposed organisations that will receive the assets must be set out in Section C. | | | |
| **FEES** | | | |
| Visit our [fees forms and online transactions](https://www.commerce.wa.gov.au/consumer-protection/associations-fees-forms-and-online-transactions) page for current application fees. GST is not payable on these fees. | | | |
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| **HOW TO LODGE AND PAY** | | | |
| You can lodge online using our [AssociationsOnline](http://www.commerce.wa.gov.au/associationsonline) portal or else complete this form and return it, together with any supporting documents, using one of the following methods | | | |
| ****  **In person** | | Pay in person using cash, cheque, money order or card (debit or credit) via our customer service counter at:  **Level 1, Mason Bird Building,**  **303 Sevenoaks Street**  **CANNINGTON**  Hours: 8:30 am to 4:30 pm (weekdays) | |
| ****  **Post** | | Pay by mail with cheque or money order to:  **Department of Mines, Industry Regulation and Safety**  **Associations & Charities Branch**  **Locked Bag 100**  **EAST PERTH 6892**  Make cheques and money orders payable to “*Department of Mines, Industry Regulation and Safety”* | |
| **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.** | | | |
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| **WHAT HAPPENS NEXT** | | | |
| * The form and supporting documents will be reviewed. The contact person will be notified in writing if further information is needed. * This form may not be processed if it: * is incomplete or is not completed correctly * is received without payment; and * is not accompanied by the necessary supporting documents. * If the association has surplus assets and the form is approved, the contact person will be given directions to implement the distribution plan and notify the Department when this process is completed. * If the association does not have surplus property and the form is approved, the association’s incorporation will be cancelled and the contact person will receive written confirmation. * If the form is refused, the contact person will receive written notification of the reasons. * If any change occurs in the provided information, notify the Department as soon as possible. | | | |
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| **PRIVACY** | | | |
| The Department of Mines, Industry Regulation and Safety is collecting and holding information supplied for the purposes of the *Associations Incorporation Act 2015* (the Act).  In accordance with the Act, a copy of this form and any documents lodged with will be available for inspection and purchase by the public upon payment of a prescribed fee. In other instances, information on this form can be disclosed without your consent where authorised or required by law. | | | |
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| **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**](mailto:associations@dmirs.wa.gov.au) | | |
| Website | [**www.dmirs.wa.gov.au/associations**](http://www.dmirs.wa.gov.au/associations) | | |
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**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.**

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| FORM 06N | |
| Application for voluntary cancellation of incorporation | | | | | | | |
| *Associations Incorporation Act 2015 s130 and 141* | | | | | | | |
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| For use when an incorporated association passes a special resolution in accordance with the *Associations Incorporation Act 2015* (the Act) to voluntarily cancel its incorporation.  The incorporation of an association can only be voluntarily cancelled if it is solvent.  **Instructions**   * Type directly into this form electronically before printing and signing or else complete by hand using blue or black pen and print in BLOCK letters. * Complete Sections A, B and D in every case. * Associations with surplus assets must complete Section C. * Make a copy of this application (including attachments) for your own records | | |  | **OFFICE USE ONLY** | | | |
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| **SECTION A: PROPOSED INCORPORATED ASSOCIATION PARTICULARS** | | | | | | | |
| 1. Name of the incorporated association | | | | | | | |
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| 1. Incorporated association’s registration number (IARN) | | | | | | **A** | |
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| **SECTION B: TERMS OF THE SPECIAL RESOLUTION TO VOLUNTARILY CANCEL** | | | | | | | |
| 1. At a meeting of members, the association passed special resolution approving:   *Select all that apply* | | | | | | | |
| □ | the voluntary cancellation of the association’s incorporation | | | | | | |
| □ | the proposed distribution plan for the association’s surplus assets that is set out in **Section C** | | | | | | |
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| 1. The date of the general meeting where the special resolutions were passed is:   *(dd/mm/yyyy – ie 30/06/2022)* | | | | |  | | |
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| 1. Provide the terms (exact wording) of the special passed at the general meeting: | | | | | | | |
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| ***If there is insufficient space, please attach a supporting document titled “Terms of the special resolution”*** | | | | | | | |
| **SECTION C: PROPOSED DISTRIBUTION PLAN** | | | | | | | |
| **DO NOT complete this section if the association has NO surplus assets. Go to Section D.** | | | | | | | |
| 1. Provide details of the associations surplus assets (include estimated monetary value of the asset) | | | | | | | |
| *Surplus assets are any property, including money held in bank accounts and cash, remaining after payment of debts and liabilities* | | | | | | | |
| **Description of asset** | | | | | | | **Estimated value of asset** |
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| ***If there is insufficient space, please attach a supporting document titled “Surplus assets”*** | | | | | | | |
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| **IMPORTANT: Consumer Protection will provide written advice of when the distribution plan is approved for implementation. The association must not distribute its surplus property before receiving this advice.** | | | | | | | |
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| 1. The organisations proposed to receive the association’s surplus assets are: | | | | | | | |
| □ | An association incorporated under the *Associations Incorporation Act 2015* | | | | | | |
| □ | A company limited by guarantee under the *Corporations Act 2001* | | | | | | |
| □ | A company under the *Corporations Act 2001* that isregistered under the *Australian Charities and Not-for-profits Commission Act 2012* | | | | | | |
| □ | A body corporate which holds a licence under the *Charitable Collections Act 1946* | | | | | | |
| □ | A body corporate whose rules prevent the distribution of property to members and is a former member of the incorporated association that is applying for cancellation | | | | | | |
| □ | A non-distributing Co-operative registered under the *Co-operatives Act 2009* | | | | | | |
| □ | A trustee for a body corporate that is a member or former member of the incorporated association which at the time of the distribution has rules that prevent the distribution of property to members | | | | | | |
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| 1. Provide details of the proposed organisations that will receive the association’s surplus assets | | | | | | | |
| **Organisation Name** | | | | | | | **Registration Number**  **(if known)** |
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| ***If there is insufficient space, please attach a supporting document titled “Proposed beneficiaries”*** | | | | | | | |
| 1. Are proposed organisations eligible to receive the surplus assets under the association’s rules? | | | | | | | |
| □ | Yes | | | | | | |
| □ | No | | | | | | |

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| **SECTION D: APPLICANT’S DECLARATION & DETAILS** | | | | | | | | |
| Tick only **one (1)** option.  If you do not hold a position on the committee, select the Agents declaration and provide a signed copy of the [**Certificate and statement of a management committee member**](https://www.commerce.wa.gov.au/publications/certificate-and-statement-management-committee-member) | | | | | | | | |
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| □ | **Committee Member’s declaration** | | | | | | | |
|  | *I hereby certify that:*   * *I am a duly elected committee member of the association and am authorised to lodge this application along with any accompanying documents under the Act;* * *before the special resolution to voluntarily cancel the incorporation of the association was passed by members, the management committee examined the association’s affairs and by resolution declared the association has met, or is able to meet its debts and liabilities;* * *the special resolution to cancel the incorporation of the association was duly passed by special resolution of the members at a general meeting called in accordance with the rules and the requirements of the Associations Incorporation Act 2015;* * *the distribution plan, if any, set out in this application was approved by special resolution of the association’s members; and* * *I understand that it is an offence under section 177 of the Act to make a false and misleading declaration in relation to this application.* | | | | | | | |
| **OR** | | | | | | | | |
| □ | **Agent’s declaration** | | | | | | | |
|  | *I certify that:*   * *I am authorised by the association's committee to lodge this application any accompanying documents under the Act;* * *I have prepared this application in accordance with the information supplied by the association’s*   *committee;*   * *I have attached a* [*Certificate and Statement of a Committee Member form*](https://www.commerce.wa.gov.au/publications/certificate-and-statement-management-committee-member) *signed by a member of the association’s management committee; and* * *I understand that it is an offence under section 177 of the Act to make a false and misleading declaration in relation to this application.* | | | | | | | |
|  | | | | | | | | |
| Signature | | |  | | Date signed | |  | |
|  | | | | | | | | |
| Title | | | □ Mr □ Mrs □ Ms □ Miss □ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Name | | |  | | Surname | |  | |
|  | | | | | | | | |
| Address  *(Street or PO)* | |  | | | | | | |
|  | | | | | | |
| Suburb | |  | | State |  | Postcode | |  |
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| Email | |  | | | Telephone | |  | |
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| **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. | | | | | | | | |

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| **CONTACT FOR THIS APPLICATION** | | | | | | | |
| Who should the Department contact if there is a query about this application form? | | | | | | | |
| □ | The applicant (submitter) | | | | | | |
| □ | Another person ⯈ Provide the contact’s details below: | | | | | | |
| Title | | □ Mr □ Mrs □ Ms □ Miss □ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Name | |  | | Surname | |  | |
|  | | | | | | | |
| Address  *(Street or PO)* | |  | | | | | |
|  | | | | | |
| Suburb | |  | State | |  | Postcode |  |
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