



Change of circumstances (for charitable collections licence holders)

Charitable Collections Act 1946 and Charitable Collections Regulations 1947

Purpose

This form should be used to notify the Commissioner for Consumer Protection (Commissioner) of any changes to a charitable collections licence holder's address, executive officers, name, corporate structure and/or auditor or reviewer information.

Instructions

- ▶ Complete the relevant section(s) of the form below to notify the Commissioner (via Consumer Protection) of the changes to the licence holders' details. It may not be necessary to complete every section of the form.
- ▶ 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 additional pages if space in this form is insufficient.

1. Name of charitable collections licence holder:

2. What is the organisation's licence number?

Issued under the *Charitable Collections Act 1946 (WA)*

CC

A. CHANGE OF ORGANISATION CONTACT DETAILS

3. What is the organisation's new contact address?

Postal address:

Suburb:

State:

Postcode:

Email:

B. CHANGE OF ORGANISATION NAME

4. What is the organisation's new legal registered name?

Commencement date (DD/MM/YYYY):

- ▶ **Please attach a copy of the organisation's new governing documents including the certificate of registration and rules/articles.**

C. CHANGE OF PRINCIPAL EXECUTIVE OFFICER(S)

The Principal Executive Officers of a charitable organisation include the Trustees, Chairperson, President, Committee Member, Secretary or Treasurer, or any other person holding any executive position by whatsoever name that position is given. It is a requirement to notify the Commissioner (via Consumer Protection) of any change to a licence holder's Principal Executive Officers within one (1) month of a change occurring (Regulation 8(2)).

Title Mr Mrs Ms Miss Other ▶ _____

Name: Surname:

Date of birth: Position in organisation:

Residential Address:

Telephone number: (mobile or landline) Email address:

Commencement date:

Title Mr Mrs Ms Miss Other ▶ _____

Name: Surname:

Date of birth: Position in organisation:

Residential Address:

Telephone number: (mobile or landline) Email address:

Commencement date:

Title Mr Mrs Ms Miss Other ▶ _____

Name: Surname:

Date of birth: Position in organisation:

Address:

Telephone number: (mobile or landline) Email address:

Commencement date:

5. Please provide details of any Principal Executive Officer(s) **ceasing**:

Name: <input type="text"/>	End date: <input type="text"/> (DD/MM/YYYY)
Name: <input type="text"/>	End date: <input type="text"/> (DD/MM/YYYY)
Name: <input type="text"/>	End date: <input type="text"/> (DD/MM/YYYY)

DISQUALIFIED PERSONS

Under the conditions of a charitable collections licence, a licence holder must not, without the written consent of the Commissioner:

- permit a person who is a member of the Governing Body who is or has become a disqualified person to continue to be a member of the Governing Body; or
- appoint a disqualified person to be a member of its Governing Body.

A Disqualified Person is any person who:

- is disqualified from managing corporations under the *Corporations Act 2001* (Cth) Part 2D.6; or
- must not accept appointment or act as a member of a management committee of an incorporated association under the *Associations Incorporation Act 2015* (WA) Division 1; or
- has been disqualified from acting as a responsible person of a charity by the Commissioner of the Australian Charities and Not-for-profits Commission under the *Australian Charities and Not-for-profits Commission Regulation 2013* (Cth) Subdivision 45-B- Governance Standards.

I confirm that none of the Principal Executive Officers identified above are disqualified persons.

D. CHANGE OF AUDITOR / REVIEWER

Only Medium and Large organisations are required to provide Consumer Protection with details of their reviewer or auditor. A licence holder's category is determined based on its total annual revenue.

- Medium - annual revenue \$250,000 or over but less than \$1,000,000
- Large - annual revenue \$1,000,000 or over.

6. Please provide the details of the organisation's new reviewer or auditor:

Name of the Auditor or Reviewer:

Name of accounting firm:

Postal address:

Suburb:

State:

Postcode:

Telephone number:

Email address:

Category of Auditor/Reviewer:

Registered Company Auditor (RCA)

RCA Registration number:

Please select appropriate category.

Member of the Institute of Chartered Accountants (CA)

Member of the Australian Society of Certified Practising Accountants (CPA)

Member of the Institute of Public Accountants (IPA)

Member of the Association of Taxation and Management Accountants (ATMA)

E. CHANGE OF ORGANISATION'S LEGAL STRUCTURE

Please complete this section if the organisation has changed its legal structure. For example transferring its registration from an incorporated association to a company limited by guarantee.

7. What is the organisation's new legal structure? *(please select)*

Company Limited by Guarantee

Australian Company Number (ACN):

Incorporated Association

Registration number:

Trust

Name of Trust:

Name/s of Trustee(s):

Indigenous Corporation

Indigenous Corporation Number (ICN):

Commencement date (DD/MM/YYYY):

► Please attach a copy of the organisation's new governing documents including the certificate of registration and rules/articles.

F. REGISTRATION WITH AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION (ACNC)

8. The organisation:

has become registered with the ACNC.

Date registration commenced:
(DD/MM/YYYY)

is no longer registered with the ACNC.

Date registration ceased:
(DD/MM/YYYY)

G. CONTACT DETAILS AND DECLARATION

9. Provide the name and particulars of the person submitting this form:

Title Mr Mrs Ms Miss Other ▶ _____

Name:

Surname:

Position held:

e.g. CEO, CFO, Chairperson/President, Secretary, Treasurer

Telephone number:
(landline or mobile)

Email:

SIGNATORY AND DECLARANT

This form must be signed and declared by:

- a member of the Governing Body such as the Chairperson, President or Secretary;
- a person who holds a position in the charitable organisation who has been authorised by the Governing Body to sign this form (such as a CEO or CFO); or
- an agent instructed/authorised by the Governing Body of the charitable organisation to sign this form (such as a lawyer or an accountant).

If the signatory is different to the contact person, please complete the section below:

Name of person signing this form:

Position held:

e.g. trustee, director, chairperson/president, CEO

Telephone number:
(landline or mobile)

Email:

Authorisation and Declaration:

- ▶ I am authorised to lodge this information on behalf of the organisation.
- ▶ The information contained in this form and any supporting documents provided at the time or subsequent to lodgement are to the best of my knowledge and belief complete, correct and true.

Signature:

Date:

LODGING THIS FORM

By email: charities@dmirs.wa.gov.au

If you need any assistance please contact the Associations and Charities Branch on (08) 6552 9364.

Please retain a copy of this form for your records.