



**NOTIFICATION OF RESIGNATION, REMOVAL OR CESSATION OF AN  
 AUDITOR**

**Date Received**

**Instructions**  
 NO GST PAYABLE on these fees.  
 Please complete in **BLOCK LETTERS**. Attach extra pages if needed. All references to dates should be in DD/MM/YYYY format.

**Privacy Statement – Please Read**  
 The Department of Mines, Industry Regulation and Safety, Consumer Protection Division (Consumer Protection) is collecting information on this form for the purposes of the **Co-operatives Act 2009** (the Act).

In accordance with the Act, a register of this information and any documents lodged with the Registrar will be available for inspection 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.

**Part 1 – General Details**

**Section 1  
 Applicant  
 Details**

Preferred contact method:  
 Mail  
 Phone  
 Email

Title:  Mr  Mrs  Ms  Miss  Other (specify).....

Name of Person Making Notification:.....

Address.....  
 .....

Suburb..... State..... Postcode.....

Telephone ( )..... Fax ( ).....

Mobile.....

Email Address.....

**Part 2 – Co-operative and Auditor Details**

Co-operative Registration Number: .....

Co-operative Name: .....

Registered Address.....  
 Suburb..... State ..... Postcode .....

Phone ( )..... Fax ( ).....

Email: .....

Name of Auditor: .....

Firm (if applicable): .....

Postal Address: .....

**Details of Resignation, Removal or Cessation**

( ) Notice was received of the resignation of the auditor/s. The date of resignation is (d/m/y) .....

( ) The auditor/s was/were removed from office in accordance with s 329 of the Corporations Act 2001. The date of removal is (d/m/y).....

( ) The auditor is deceased. The date of death was (d/m/y).....

( ) The auditor has been disqualified for reasons specified under the Corporations Act 2001 section 327B subsection 2A, 2B or 2C. The date of disqualification was (d/m/y).....

The reason for the disqualification was: .....

( ) The co-operative is being wound up. The date of Resolution or date of Court Order was (d/m/y) .....

I certify that the information in this form is true and complete:

Signature: ..... Office held:.....

Print Name: ..... Date: .....

**Lodgement Details**

**Please Note**

This application should be accompanied by the relevant fee prescribed in the regulations. Should you require further assistance please contact our office on 1300 304 074

**Lodgement by Mail:**

Department of Mines, Industry Regulation and Safety  
Consumer Protection Division  
Associations & Charities Branch  
Locked Bag 100  
EAST PERTH WA 6892

**Lodgement in Person:**

Department of Mines, Industry Regulation and Safety  
Consumer Protection Division  
Level 1, Mason Bird Building  
303 Sevenoaks Street  
CANNINGTON WA