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| C:\Users\acurtis\Downloads\frame (2).png | P:\2085 - Associations Working Documents\2017 - Letter updating for Department renaming\New Logo & Style Guide\GovLogo_DMIRS_Consumer Protection_Hi res_BW.jpg | | | | | | | | | | |
| AURSP |  | | | | | | | | | | |
| Notice of resignation of an auditor or reviewer | | | | | | | | | | | |
| *Associations Incorporation Act 2015 s 87(6)* | | | | | | | | | | | |
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| **Purpose**  This form should be used to notify the Commissioner of Consumer Protection that an association incorporated under the Associations Incorporation Act 2015 (the Act) has received a resignation notice from its appointed auditor or reviewer.  **WARNING: It is an OFFENCE with a penalty of $1,000, if an Association fails to notify the Commissioner within 14 days of receiving the notice.**  **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 and attach a copy of the auditor or reviewer Notice of resignation * An incomplete application cannot be processed * Please do not staple the documents * Keep a copy of the application (including attachments) for your own records. | | | | | |  | **OFFICE USE ONLY** | | | | |
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| **SECTION A: PARTICULARS OF AN ASSOCIATION’S APPOINTED AUDITOR OR REVIEWER** | | | | | | | | | | | |
| |  | | --- | | 1. The name of the incorporated association that the auditor or reviewer is resigning from | |  | | | | | | | | | | | | |
| 1. The name and particulars of the appointed auditor or reviewer | | | | | | | | | | | |
| Title | | | □ Mr □ Mrs □ Ms □ Miss □ Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | | | | | |
| Name | | |  | | Surname | | | |  | | |
|  | | | | | | | | | | | |
| Firm Name | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| Street or PO | | |  | | | | | | | | |
| Suburb | | |  | | | | | | | | |
| State | | |  | | Postcode | | | |  | | |
|  | | | | | | | | | | | |
| Telephone | | |  | | Mobile | | | |  | | |
|  | | | | | | | | | | | |
| Email | |  | | | | | | | | | |
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|  | | | | | | | | | | | |
|  | | | | | | | | *Day* | | *Month* | *Year* |
| 1. Date that the association received the auditor or reviewers notice of resignation? | | | | | | | |  | |  |  |
| ***Please attach a copy of the Notice of Resignation that was received from the auditor or reviewer*** | | | | | | | | | | | |
| 1. Please provide the reasons for the auditor or reviewers resignation. | | | | | | | | | | | |
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| ***If there is insufficient space, please attach an annexure labelled “Reasons for Resignation”*** | | | | | | | | | | | |
| **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 | | |  | | Date | | | |  | | |
|  | | | | | | | | | | | |
| Title | | | □ Mr □ Mrs □ Ms □ Miss □ Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Name | | |  | | Surname | | | |  | | |
|  | | | | | | | | | | | |
| Street or PO | | |  | | | | | | | | |
| Suburb | | |  | | | | | | | | |
| State | | |  | | Postcode | | | |  | | |
|  | | | | | | | | | | | |
| Telephone | | |  | | Mobile | | | |  | | |
|  | | | | | | | | | | | |
| Email | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| IMPORTANT: Before you submit this form, check that you have provided true and correct information. | | | | | | | | | | | |
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| **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. | | | | | | | | | | | |
| **LODGING THE APPLICATION FORM** | | | | | | | | | | | |
| You may lodge the application:: | | | | | | | | | | | |
| **By post:**  Department of Mines, Industry Regulation and Safety  Consumer Protection Division  Associations and Charities Branch  Locked Bag 100  EAST PERTH WA 6892 | | | | **In person: (8.30 am to 4.30pm weekdays)**  Department of Mines, Industry Regulation and Safety  Consumer Protection Division  Level 2, Gordon Stephenson House  140 William Street  PERTH WA | | | | | | | |
| **Email submissions cannot be accepted** | | | | | | | | | | | |
| For assistance call our information line on 1300 304 074 or (08) 6552 9300 (8.30 am to 4.30pm weekdays) | | | | | | | | | | | |