



AURSP

Notice of resignation of an auditor or reviewer

Associations Incorporation Act 2015 s 87(6)

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

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

2. 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

3. Date that the association received the auditor or reviewers notice of resignation?

Day	Month	Year

Please attach a copy of the Notice of Resignation that was received from the auditor or reviewer

4. Please provide the reasons for the auditor or reviewers resignation.

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	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> 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.

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.

LOGGING 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 5.00pm 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 5.00pm weekdays)