|  |  |
| --- | --- |
| 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 |
| FORM 04 |
| Notification of an incorporated associations address |
| *Associations Incorporation Act 2015 s7, 103, 174 and 203* |
|  |
| **Purpose**This application form should be used to notify the Commissioner for Consumer Protection of the association’s address and postal address for service of notice under the *Associations Incorporation Act 2015* (the Act).**WARNING: It is an offence to fail to lodge this notice either within 90 days of the new laws commencement or 28 days of the change occurring.****Instructions*** Type directly into this form electronically before printing and signing it or hand print neatly using an ink pen in block letters.
 |   | **OFFICE USE ONLY** |
|  |
|  |
| **SECTION A: INCORPORATED ASSOCIATION PARTICULARS** |
|  |
| 1. What is the name of the incorporated association?

*The association’s name as shown on the certificate of incorporation.* |
|  |
|  |
| 1. What is the incorporated association’s registration number (IARN):
 |  |
|  |
| **SECTION B: ADDRESS PARTICULARS** |
|  |
| 1. What is the association’s new address?

*Provide the association’s email and the address you want the Department to use to send communication to. The email address should not be a personal email.*  |
| Street |  |
| Suburb |  |
| State |  | Postcode |  |
|  |
| Email |  |
|  |
| 1. What is the association’s new address for service?

*The address for service is the address that you want the public to use to contact the association.*  |
| □ Tick if the same as the new association’s address. |
| Street |  |
| Suburb |  |
| State |  | Postcode |  |
| **SECTION C: 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 authorised by the association's committee to lodge this application under the Act;*
* *I acknowledge that it is an offence under section 177 of the Act 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.  |
|  |
| **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 SafetyConsumer Protection DivisionAssociations and Charities BranchLocked Bag 100EAST PERTH WA 6892 | **In person: (8.30 am to 4.30pm weekdays)**Department of Mines, Industry Regulation and SafetyConsumer Protection DivisionLevel 2, Gordon Stephenson House140 William StreetPERTH WA |
| For assistance call our information line on 1300 304 074 or (08) 6552 9300 (8.30 am to 4.30pm weekdays) |
| *Our online portal AssociationsOnline can be used to submit this application electronically. For more information please visit* [*www.dmirs.wa.gov.au/associationsonline*](http://www.dmirs.wa.gov.au/associationsonline) |