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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 | | | | | | | | |
| 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** | | |
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|  | | | | | | | | | |
| **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 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 | | | | | |
| 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) | | | | | | | | | |