



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.

2. What is the incorporated association's registration number (IARN):

SECTION B: ADDRESS PARTICULARS

3. 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	<input type="text"/>		
Suburb	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>		

4. 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	<input type="text"/>
Suburb	<input type="text"/>

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.

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 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