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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 | | | | | | | | | | |
| AURMP |  | | | | | | | | | | |
| Notice of resolution to remove auditor or reviewer | | | | | | | | | | | |
| *Associations Incorporation Act 2015 s 89* | | | | | | | | | | | |
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| **Purpose**  This form should be used by an association to lodge with the Commissioner of Consumer Protection notice of resolution proposing to remove the auditor or reviewer from office.  The management committee must lodge this application as soon as is possible after providing the notice to the auditor or reviewer.  **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 Notice of intention to remove the auditor or reviewer * 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 ASSOCIATION’S AUDITOR OR REVIEWER** | | | | | | | | | | | |
| 1. The name of the association that intends to remove its appointed auditor or reviewer by resolution | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. The name and particulars of the appointed auditor or reviewer’s | | | | | | | | | | | |
| Title | | | □ Mr □ Mrs □ Ms □ Miss □ Other ⯈ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Name | | |  | | Surname | | | |  | | |
|  | | | | | | | | | | | |
| Firm Name | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| Street or PO | | |  | | | | | | | | |
| Suburb | | |  | | | | | | | | |
| State | | |  | | Postcode | | | |  | | |
|  | | | | | | | | | | | |
| Telephone | | |  | | Mobile | | | |  | | |
|  | | | | | | | | | | | |
| Email | |  | | | | | | | | | |
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| 1. Date that the notice of the intention to remove the auditor or reviewers by resolution was provided to the association’s members: | | | | | | | | | | | |
| *Written notice must be given to the association members at least two (2) months before the general meeting is held* | | | | | | | | *Day* | | *Month* | *Year* |
|  | | | | | | | |  | |  |  |
| ***Please attach a copy of the Notice of intention to remove the auditor or reviewer by resolution*** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. Date that notice of the intention to remove the auditor or reviewer by resolution was provided to auditor or reviewer: | | | | | | | | | | | |
| *The committee of management must give a copy of the notice to the auditor or reviewer as soon as possible after giving notice to the members of the association.* | | | | | | | | *Day* | | *Month* | *Year* |
|  | | | | | | | |  | |  |  |
|  | | | | | | | | | | | |
| **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 | |  | | | | | | | | | |
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| 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. | | | | | | | | | | | |
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| **LODGING THE APPLICATION FORM** | | | | | | | | | | | |
| Make a copy of this application (including attachments) for your own records. | | | | | | | | | | | |
| **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) | | | | | | | | | | | |