



AURMP

Notice of resolution to remove auditor or reviewer

Associations Incorporation Act 2015 s 89

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

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

2. 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

3. 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

4. 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

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

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)