

# Reinstatement of an association’s incorporation

Associations Incorporation Act 2015 s151

**Purpose**

This application form should be used by clubs, groups or associations previously incorporated under the *Associations Incorporation Act 2015* (the Act) that have been cancelled and are seeking to have their incorporation reinstated.

## Section A: Cancelled association particulars

1. What is the name of the incorporated association seeking the exemption?

       Inc /  Incorporated

2. What is the incorporated association’s registration number (IARN)?

3. What is the association’s current address?

*Provide your association’s email and the address you want the public to use to contact you. The email address should not be a personal email.*

Street

Suburb

State       Postcode

Telephone       Mobile

Email

4. What is your association’s current address for service?  *Tick if the same as above.*

*Mail will be sent to this address unless you advise otherwise.*

Street

Suburb

State       Postcode

Telephone       Mobile

Email

5. Select the manner in which the association’s incorporation was cancelled?

*Select only one.*

Voluntary cancellation where there was surplus property under Division 1

Voluntary cancellation where no debts or surplus property under Division 2

By order of the Commissioner under Division 3

6. What is the date the association’s incorporation was cancelled?

      (dd/mm/yyyy)

## Section B: Reasons for reinstatement

7. Has the association become incorporated under any other Act or law?

Yes  No

*If you have ticked ‘Yes’ your association is not eligible to have its incorporation reinstated under the Act.*

8. Explain in as much detail as you can why you believe the association’s incorporation should be reinstated.

*For example, outline why you do not agree with the reasons for the cancellation, provide details of any incorrect information that the decision to cancel was based upon, or demonstrate that the association was eligible to be incorporated.*

## Section C: Appointed person particulars

Provide the name and particulars of the person making this application:

*Any correspondence about this application will be sent to this person using the preferred method of communication*.

Title *Please choose only one*

Mr.  Mrs.  Ms.  Miss.  Other – Specify Other

First Name       Last Name

Street

Suburb

State       Postcode

Telephone       Mobile

Email

Preferred method of communication  Email  Post

## Section D: Declaration

Before you submit this form, check that you have provided true and correct information.

*I certify that:*

* *I am duly authorised to submit this request under the Act;*
* *the information contained within this statement is true and correct; and*
* *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.*

**Signature**       **Date**       (dd/mm/yyyy)

**Position Held**

## CHECK COMPLETION

An incomplete application cannot be processed. Have you:

Attached copies of documents which demonstrate that the association should not have been cancelled. For example, minutes of annual general meetings since the date of cancellation, financial statements or register of members.

Please do not staple the documents

## LODGING THE APPLICATION FORM

Make a copy of this application (including any attachments) for your own records.

By post:

**Associations and Charities Branch**

**Department of Commerce**

**Locked Bag 14**

**CLOISTERS SQUARE WA 6850**

In person: (8.30 am to 5.00pm weekdays)

**Department of Commerce**

**Level 2, Gordon Stephenson House**

**140 William Street**

**PERTH WA 6000**

For assistance call our information line on **1300 30 40 74.**