

PURPOSE

This form is to be used when an association submits an annual return under the *Associations Incorporation Act 1991* (the Act). You can access the legislation at www.legislation.act.gov.au. You may also obtain further information and forms at www.act.gov.au/accesscbr.

PRIVACY

The Act authorises the Registrar-General to collect the personal information required by this form for the purposes of issuing a registration under the Act. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Registrar-General provides identifiable information to law enforcement and other organisations that have legal authority to request information under prescribed circumstances.

INSTRUCTIONS FOR COMPLETION

- If completing by hand, please print; ensuring writing is clear and legible.
- This office will not accept lodgement of this form if it is not completed in full.
- Contact Access Canberra if a payment is needed for payment options.
- Please retain your receipt as evidence of payment.

IMPORTANT INFORMATION

- The incorporation of an association creates a legal entity, under the management of the committee members. The committee members are held accountable for ensuring that the association operates in compliance with applicable laws including the Act and the *Associations Incorporation Regulation 1991* (the Regulation).
- The public officer is responsible for acting as a point of contact between the association and the community and is expected to be able to represent the association in dealings with Access Canberra.
- The Act prohibits any person from serving as a committee member or the public officer if that person is insolvent or bankrupt, unless the ACT Supreme Court grants leave under S 63 of the Act. A search should be conducted of the records held by the Australian Financial Security Authority (AFSA) at www.afsa.gov.au before accepting the nomination of a person as a committee member.
- If the association, the public officer or a committee member fails to meet their statutory obligations under the Act (such as failure to lodge annual returns), the Registrar-General may make an application to the ACT Civil and Administrative Tribunal (ACAT) for the disqualification of the office-holder. The disqualification will be for a period the ACAT considers appropriate if satisfied that the extent of noncompliance justifies disqualification.
- **All associations must have their accounts reviewed or audited. The total revenue of the association will determine whether a review or an audit is conducted.** Reviews and audits cannot be undertaken by a person who is a member or officer of the association or has prepared or assisted with the preparation of the association's accounts. A **reviewer** undertakes a review of the association's accounting records and provides a report in relation to the association's finances, but does not have to provide audited financial statements. An **auditor** must be a member of the Institute of Chartered Accountants in Australia or the Institute of Public Accountants or CPA Australia or registered as an auditor under the Corporations Act. The auditor must audit the accounts in accordance to proper accounting standards and provide financial statements and a report attesting that the accounts are a true and accurate record of the association's finances. For further information please see part 5 of the *Associations Incorporation Act 1991*.

LODGEMENT AND CONTACT INFORMATION

Email:
accesscanberra.bil@act.gov.au

General Enquiries:
(02) 6207 3000

Fax Number:
(02) 6207 0424

Post:
Access Canberra
Business and Industry Licensing
GPO Box 158
Canberra, ACT 2601

In Person:
Please visit
www.act.gov.au/accesscbr
Or call **132281** to find an
Access Canberra Service Centre

TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

1. ASSOCIATION NAME	ASSOCIATION NUMBER
Inc.	A0

2. PREFERRED POSTAL ADDRESS OF ASSOCIATION		
	STATE / TERRITORY	POSTCODE

3. EMAIL ADDRESS OF ASSOCIATION (if any)

4. ADDRESS OF REGISTERED OFFICE OF ASSOCIATION (optional - however registered office must be in the ACT)	OFFICE HOURS	
	FROM:	TO:
	STATE / TERRITORY	POSTCODE
	ACT	

5. NAME AND ADDRESS OF CURRENT PUBLIC OFFICER		
(The public officer must be an ACT resident aged 18 years or older. If you do not want your residential address on the public record, please list an alternative address in the ACT)		
TITLE (Mr, Ms)	GIVEN NAMES	SURNAME
HOME ADDRESS (Property Name, Unit, Flat No, Street Number, Street Name)		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
	ACT	
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	
()		
WORK TELEPHONE NUMBER	EMAIL ADDRESS	

6. PARTICULARS OF ANNUAL RETURN			
Starting date of association's financial year		Ending date of association's financial Year	
Date audit/review completed		Date of Annual General Meeting (AGM)	
Number of Members		If the accounts were not presented at the AGM, please specify the date of the general meeting at which the audited accounts were passed	

7. REGISTER OF MEMBERS

Address in the ACT at which the register of members may be viewed

	STATE / TERRITORY	POSTCODE
	ACT	

8. FINANCIAL INFORMATION

Name of Financial Institution	Branch Location

9. CATEGORY OF ASSOCIATION – Please read ‘important information’ on the first page for details on the definitions and requirements for Reviewers and Auditors.

Large Associations: If the association's total revenue is \$1,000,000 or more it will need to appoint an auditor. **Please attach the audited financial statements and the signed and dated auditor's report to this form.**

Medium Associations: If the association's total revenue is \$400,000 or more but less than \$1,000,000 the association must appoint an auditor who can review or audit the association's accounts. If a review is conducted the auditor must state in a report:

- Whether, on the basis of the review, anything has come to the reviewer's attention that causes the reviewer to believe that the accounting records do not satisfy the requirements of Part 5 of the Act.
- Whether the reviewer has been given all information, explanation and assistance necessary for the conduct of the review.
- Whether the association has kept accounting records sufficient to be prepared and reviewed.
- Whether the association has kept other records as required by the Act.

If a review is conducted **please attach the signed and dated reviewer's report** and provide the following information:

Total Income	
Total Expenses	
Assets	
Liabilities	

Should a full audit of the association's accounts be undertaken **please attach the audited financial statements and the signed and dated auditor's report to this form.**

Small Associations: If the association's gross receipts are less than \$400,000 the accounts must be reviewed and a written report provided by the reviewer which states if anything has come to the reviewer's attention that causes the reviewer to believe that the accounting records do not satisfy the requirements of Part 5 of the Act. **Please attach the reviewer's signed and dated report to this form** and complete the information below.

Total Income	
Total Expenses	
Assets	
Liabilities	

10. PARTICULARS OF AUDITOR/REVIEWER

GIVEN NAMES	SURNAME	QUALIFICATIONS OF AUDITOR (If applicable)
ADDRESS		

11. NAME AND ADDRESS OF EACH CURRENT COMMITTEE MEMBER

(The committee listed should be those elected as a result of the AGM. If you do not want your residential address on the public record, please provide an alternative address which can include a PO box. If more than 7 committee members please copy this page)

COMMITTEE POSITION	TITLE (Mr, Ms)	GIVEN NAME	SURNAME	EMAIL
ADDRESS				DATE OF APPOINTMENT

COMMITTEE POSITION	TITLE (Mr, Ms)	GIVEN NAME	SURNAME	EMAIL
ADDRESS				DATE OF APPOINTMENT

COMMITTEE POSITION	TITLE (Mr, Ms)	GIVEN NAME	SURNAME	EMAIL
ADDRESS				DATE OF APPOINTMENT

COMMITTEE POSITION	TITLE (Mr, Ms)	GIVEN NAME	SURNAME	EMAIL
ADDRESS				DATE OF APPOINTMENT

COMMITTEE POSITION	TITLE (Mr, Ms)	GIVEN NAME	SURNAME	EMAIL
ADDRESS				DATE OF APPOINTMENT

COMMITTEE POSITION	TITLE (Mr, Ms)	GIVEN NAME	SURNAME	EMAIL
ADDRESS				DATE OF APPOINTMENT

COMMITTEE POSITION	TITLE (Mr, Ms)	GIVEN NAME	SURNAME	EMAIL
ADDRESS				DATE OF APPOINTMENT

12. STATEMENT BY PUBLIC OFFICER AND COMMITTEE

(Must be completed by the public officer and two committee members)

As current office-bearers of this association, we certify under 79(1)(e) of the Act that the particulars shown on this form are true and correct, and reflect the association's compliance with those provisions of the Act that apply in relation to:

- i) the preparation of the annual statement of the association's accounts; and
- ii) the review or audit of the accounts and the presentation of the review or audited statement of accounts at the annual general meeting of the association.

We confirm that the committee listed in this document reflects the outcome of the AGM and that the AGM was called and conducted in accordance with the association's rules/constitution lodged with Access Canberra.

_____/_____/_____
Signature Date Print name, Position

_____/_____/_____
Signature Date Print name, Position

_____/_____/_____
Public Officer Signature Date Print name, Public Officer

OFFICE USE ONLY

Date Lodged