

Associations Incorporation Form 21



Queensland
Government

Application for approval to conduct audit or provide verification statement

Associations Incorporation Act 1981

This form is effective from 10 August 2020

OFFICE USE ONLY

Date received

Lodgement details

LU number:

WARNING

Do not complete this form if the intended auditor is:

1. A person registered as an auditor under the *Corporations Act 2001 (Cwlth)*
2. A member of CPA Australia who is entitled to use the letters 'CPA' or 'FCPA'
3. A member of The Institute of Chartered Accountants in Australia who is entitled to use the letters 'CA' or 'FCA' or
4. A member of the Institute of Public Accountants who is entitled to use the letters 'MIPA' or 'FIPA'.

Auditors with these qualifications are already approved to carry out the audit.

Do not complete this form for approval of another person to audit a Level 1 association. Section 59(2)(b)(1) of the *Associations Incorporation Act 1981* does not permit another person to audit a Level 1 association.

Instructions

Please use **BLOCK** letters when you fill out this form. Attach extra sheets if there is not enough space. All dates should be DD/MM/YYYY.

Privacy statement—please read

The Office of Fair Trading (OFT) collects information, including personal information, on this form as required by the *Associations Incorporation Act 1981* to process your application. Your personal information will be placed on a register which may be inspected by the public upon payment of a prescribed fee. Any documents required by the Office of Fair Trading are available for inspection by the public upon payment of a prescribed fee. Additionally, information on this form can be disclosed without your consent where authorised or required by law. Under the *Fair Trading Act 1989* information may also be shared on a confidential basis with other Australian fair trading agencies.

If you give the OFT an email address to communicate with you, the personal information in these communications will be stored on your email service provider's servers. These servers may be outside of Australia. By giving us your email address, you are consenting to the personal information contained within the emails to and from the OFT to be transferred outside Australia.

No fee is payable.

Details of application

Please tick the appropriate box.

Incorporated association number

Name of incorporated association

Application for approval of a person to conduct the audit of the association for:

A level 2 association which is required to have an audit completed under the *Collections Act 1966, the Gaming Machine Act 1991* or under any law for any other purpose.

A Level 3 association which is required to have an audit completed under the *Collections Act 1966, the Gaming Machine Act 1991* or under any law for any other purpose.

Application for approval of a person to provide verification statement for:

A level 2 association which is not required to have an audit completed under the *Collections Act 1966, the Gaming Machine Act 1991* or under any law for any other purpose.

Please complete either Part 1 OR Part 2. Parts 3 and 4 must be completed.

Part 1—Application by association (if applicable)

Application by association

To be completed by president, secretary or treasurer of the association.

Please tick the appropriate box.

I, (name of person)

of (residential address)

Suburb State Postcode

being the president/ secretary/ treasurer of the abovementioned association, apply for

(name of person)

of (residential address)

Suburb State Postcode

to be approved by the chief executive to conduct the audit or provide verification statement for the above mentioned association.

Signature of president/ secretary/ treasurer

.....

Phone (day time)

Email

Dated / /
D D M M Y Y Y Y

Part 2—Application by intended person to conduct audit or provide verification statement (if applicable)

Application by intended person

I, (name of person)

of (residential address)

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Suburb State Postcode

apply to be approved by the chief executive to conduct the audit or provide verification statement for the above mentioned association.

Intended person authorisation

Signature of intended person

Phone (day time)

Dated / /
D D M M Y Y Y Y

Part 3—Audit experience and qualifications (must be completed)

Audit experience and qualifications

Please attach sheet if additional space is required.

List details of auditing or accounting experience and the title of any accounting qualifications including the name of the educational institution from which the qualifications were obtained.

Audit/accounting experience and qualifications of (name of person)

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Is any professional indemnity insurance held? Yes No

If yes, provide details

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Part 4—Income and assets of association (must be completed)

Note: Current assets include bank accounts, shares and debentures. Current assets do not include assets capable of depreciation such as property, cars or machinery.

- a) Approximate total revenue \$
- b) Total value of current assets \$

Lodgement details

IMPORTANT!

Please make sure you:

- provide all necessary information and documentation
- sign the application
- return all pages of the application form.

Please lodge the completed application, any supporting documentation and applicable fees to the Office of Fair Trading at the address below, at one of our regional offices, or at a Queensland Government Service Office.

By mail:

Registration Services Unit, GPO Box 3111, Brisbane QLD 4001

In person:

Visit www.qld.gov.au/fairtrading or call **13 QGOV** (13 74 68) for information and your nearest Fair Trading Office or Queensland Government Service Office.