



## Application for sanction

*Collections Act 1966*

This form is effective from 1 July 2023

**OFFICE USE ONLY**

Date received

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### Instructions

Please complete in **BLOCK** letters. Attach extra pages if needed. All references to dates should be in DD/MM/YYYY. If you need help completing this form please contact the Office of Fair Trading on **13 QGOV** (13 74 68).

### Privacy statement—please read

The Office of Fair Trading (OFT) collects information, including personal information, on this form as required by the *Collections Act 1966* 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 OFT 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.

Organisations registered with the Australian Charities and Not-for-profits Commission (ACNC) don't need to register as a charity in Queensland to fundraise.

Prior to fundraising in Queensland, you must submit an ACNC registration notification. Organisations must lodge the the notification online. Visit [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading)

**Fundraising may not commence until registration is granted. Anyone undertaking fundraising before registration is granted is committing an offence under the Act and is liable for penalties.**

**No fee payable.**

## Part 1—Applicant and sanction details

### Applicant and sanction details

Name of association or name of appeal .....

I (insert given names and surname in BLOCK letters).....

of (full address) .....

.....

Suburb ..... State  Postcode

Phone (day time) ..... Fax .....

Mobile ..... Email .....

do hereby apply for the grant of a sanction for the making of appeals for support for the following purposes: (state fully the purposes required to be sanctioned)

Enter reasons for making the application.

.....  
 .....  
 .....

### Declaration details

We, whose names, addresses and signatures appear hereunder, being the people prepared to act as promoter of all appeals for support for these purposes, hereby hold ourselves severally and collectively responsible to the Minister administering the *Collections Act 1966*, for the satisfactory conduct of all appeals for support for these purposes, and for the furnishing of all returns and other information required to be furnished: **at least three names are required.**

**Part 1—Applicant and sanction details continued**

**Person 1**

Preferred title  Mr  Mrs  Ms  Miss Other (specify) .....

Given names ..... Family name .....

Residential address .....

Suburb ..... State  Postcode

Phone ..... Mobile .....

Email .....

Place of birth ..... Date of birth:  /  /   
D D M M Y Y Y Y

Signature ..... Dated:  /  /   
D D M M Y Y Y Y

**Person 2**

Preferred title  Mr  Mrs  Ms  Miss Other (specify) .....

Given names ..... Family name .....

Residential address .....

Suburb ..... State  Postcode

Phone ..... Mobile .....

Email .....

Place of birth ..... Date of birth:  /  /   
D D M M Y Y Y Y

Signature ..... Dated:  /  /   
D D M M Y Y Y Y

**Person 3**

Preferred title  Mr  Mrs  Ms  Miss Other (specify) .....

Given names ..... Family name .....

Residential address .....

Suburb ..... State  Postcode

Phone ..... Mobile .....

Email .....

Place of birth ..... Date of birth:  /  /   
D D M M Y Y Y Y

Signature ..... Dated:  /  /   
D D M M Y Y Y Y

This area has been intentionally left blank.

## Part 2—Appeal details

<p><b>Appeals for support</b> * Tick applicable box.</p>	<p>Appeals for support for these purposes <input type="checkbox"/> will* / <input type="checkbox"/> will not* be made continuously. A sanction for these purposes is desired for <input type="checkbox"/> an indefinite duration of time* / <input type="checkbox"/> the period* ..... to ..... (both inclusive).</p>
<p><b>Banking details</b> * Tick applicable. # At least two names required.</p>	<p>(a) Name of existing/proposed <input type="checkbox"/> Bank* / <input type="checkbox"/> Building society* / <input type="checkbox"/> Credit union* ..... Branch: .....</p> <p>(b) Title of existing/proposed account/s: .....</p> <p>(c) Names of existing/proposed people<sup>#</sup> authorised to operate on the account/s are: ..... .....</p>
<p><b>Locations</b></p>	<p>The localities or towns where fund raising activities will occur: ..... .....</p>
<p><b>Please note</b></p>	<p><b>Where the purpose to be sanctioned comprises the objects of any association Part 3 applies. Part 4 must be signed by the applicant.</b></p>

## Part 3—Association details

<p><b>Association name</b></p>	<p>The full name of the association is .....</p> <p>.....</p> <p>.....</p>
<p><b>Purpose of association</b></p>	<p>What charitable activities will funds raised be directed towards in order to meet the objectives stated in the Association's Constitutional document i.e. Assisting the Disabled?.....</p> <p>.....</p> <p>.....</p>
<p><b>Postal address</b></p>	<p>Address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
<p><b>Association members</b></p>	<p>The present number of members of the association is .....</p> <p>The total number of members on the governing body is .....</p>
<p><b>Governing body</b> Details of all people having control of the association must be provided.  A post office box is not acceptable.  <b>(Please photocopy extra pages if more space is required)</b></p>	<p>Position held: <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director <input type="checkbox"/> Trustee <input type="checkbox"/> Other .....</p> <p>Full name .....</p> <p>Residential address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Phone ..... Mobile .....</p> <p>Email .....</p> <p>Place of birth ..... Date of birth: <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> D D M M Y Y Y Y</p>

**Part 3—Association details continued**

<p>A post office box is not acceptable.</p>	<p>Position held: <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director  <input type="checkbox"/> Trustee <input type="checkbox"/> Other .....</p> <p>Full name .....</p> <p>Residential address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Phone ..... Mobile .....</p> <p>Email .....</p> <p>Place of birth ..... Date of birth: <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>  <small>D D M M Y Y Y Y</small></p>
<p>A post office box is not acceptable.</p>	<p>Position held: <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director  <input type="checkbox"/> Trustee <input type="checkbox"/> Other .....</p> <p>Full name .....</p> <p>Residential address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Phone ..... Mobile .....</p> <p>Email .....</p> <p>Place of birth ..... Date of birth: <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>  <small>D D M M Y Y Y Y</small></p>
<p>A post office box is not acceptable.</p>	<p>Position held: <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Director  <input type="checkbox"/> Trustee <input type="checkbox"/> Other .....</p> <p>Full name .....</p> <p>Residential address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Phone ..... Mobile .....</p> <p>Email .....</p> <p>Place of birth ..... Date of birth: <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>  <small>D D M M Y Y Y Y</small></p>
<p><b>Auditor details</b> Existing or proposed.</p> <p>Section 31 of the Act requires an association to have its financial statements audited.</p>	<p>First name ..... Last name .....</p> <p>Phone (day time) ..... Mobile .....</p> <p>Email .....</p> <p><b>Auditor's qualifications</b> (please tick one of the following):</p> <p><input type="checkbox"/> A person registered as an auditor under the <i>Corporations Act 2001</i>.</p> <p><input type="checkbox"/> Member of CPA Australia who is entitled to use the letters 'CPA' or 'FCPA'.</p> <p><input type="checkbox"/> Member of Chartered Accountants Australia and New Zealand who is entitled to use the letters 'CA' or 'FCA'.</p> <p><input type="checkbox"/> Member of the Institute of Public Accountants who is entitled to use the letters 'MIPA' or 'FIPA'.</p> <p><input type="checkbox"/> Other—Auditor approval will be required from the Office of Fair Trading.</p>
<p><b>Financial year conclusion</b></p>	<p>If applying for an indefinite duration of time, the date of the conclusion of the financial year is</p> <p><input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/>  <small>D D M M</small></p>

## Part 4—Declaration and checklist

### Declaration by an authorised person

\* Check whichever is applicable.

I declare that all details provided on this form are true and correct.

Signature .....

Signatory's name .....

Position held:  President  Secretary  Treasurer  Director  
 Trustee  Other

Dated:   /   /      
D D M M Y Y Y Y

### Checklist

Where the object for fundraising to be sanctioned is conducted by an association.

Accompanying this application are:

- An up-to-date copy of the constitution, **certified to be an accurate copy by any two members of the governing body** of the association.
- A copy of the resolution or minute of the meeting at which the members or the governing body approved the making of this application, **certified to be an accurate copy by any two members of the governing body** of the association.
- A copy of the last financial statement of the association. If the association commenced recently, a balance sheet or statement of the affairs of the association.
- The written consent of the central body of the association (only required if this application is made on behalf of a local or affiliated branch or section of the association).
- Written undertaking, signed by two members of the governing body of the association, acknowledging the requirement to lodge a copy of the financial statement with OFT each year.

## 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](http://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.