



Application for registration

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

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.

Applicant details

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The applicant is the person given permission to apply by the governing body.

Name of association

Address of association

Suburb State Postcode

I (insert given names and surname in BLOCK letters)

of (full address)

Suburb State Postcode

Phone (day time) Fax

Mobile Email

being the person authorised by the governing body of the association to make this application, do hereby apply on behalf of

(name of association)

for the registration of that association as a charity under and for the purposes of the *Collections Act 1966*.

Organisation details

Purpose of association

What charitable activities will funds raised be directed towards in order to meet the objectives of the Association e.g. assisting the disabled?

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Organisation details continued

Governing body

Details of all people having control of the association must be provided.

A post office box address is not acceptable.

(Please photocopy extra pages if more space required)

Position held: President Secretary Treasurer Director
 Trustee Other.....

Full name

Residential address

Suburb State Postcode

Phone Mobile

Email

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

A post office box address is not acceptable.

Position held: President Secretary Treasurer Director
 Trustee Other.....

Full name

Residential address

Suburb State Postcode

Phone Mobile

Email

Place of birth Date of birth: / /
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Please photocopy extra pages if more space is required

Organisation details continued

<p>Auditor details Existing or proposed. Section 32(3)(c) 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>Auditor's qualifications (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>Banking details * Check 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) Name of existing/proposed account/s:</p> <p>(c) Names of existing/proposed people[#] authorised to operate on the account/s are:</p>
<p>Locations</p>	<p>The localities or towns in which the association operates or intends to operate are:</p>
<p>Association members</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>Postal address</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>Financial year conclusion</p>	<p>The date of the conclusion of the financial year is <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> D D M M</p>

Declaration (must be completed)

Declaration about people involved in fundraising

Has any person mentioned in this application, any appeal manager or person associated with the charity who has managerial or financial responsibility for or significant influence over any appeals for support.

Been convicted of an offence in the last five years involving fraud or dishonesty punishable, at the time of conviction is recorded, by not less than three months imprisonment (whether or not the penalty of imprisonment was imposed)?

No Yes—attach a separate sheet with the name(s) of the person and the details of the offence(s).

Currently affected by bankruptcy action or involved in a corporation that is subject to insolvency action?

No Yes—attach a separate sheet with the name(s) of the person and the details of the insolvency/administration and their role in your organisation.

* 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

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 minutes 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 and any supporting documentation 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.