



**ACT**  
Government

Justice and Community Safety

## ANNUAL RETURN – FORM AR 706

*Associations Incorporation Act 1991*

*Associations Incorporation Regulation 1991*

### 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](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.ors.act.gov.au](http://www.ors.act.gov.au).

### PRIVACY

The Act authorises the Registrar-General to collect the personal information required by this form for the purposes of registering an association under Division 3.1 of the Act. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). The Registrar-General provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

### CONTACT

Office of Regulatory Services Shopfront  
255 Canberra Avenue, Fyshwick ACT 2609

Opening Hours 9:00am to 4:30pm Monday to Friday

General Enquiries (02) 6207 3000

Office of Regulatory Services Postal Address  
GPO Box 158, Canberra City ACT 2601

Website [www.ors.act.gov.au](http://www.ors.act.gov.au) Email [ors.bil@act.gov.au](mailto:ors.bil@act.gov.au)

Fax Number (02) 6207 0424

### INSTRUCTIONS FOR COMPLETION

- Complete this form using a black pen only.
- Please print; ensuring writing is clear and legible.
- This office will not accept lodgement of this form if it is not completed in full.
- Payment can be made by cheque, postal order, credit card (visa or mastercard), cash or eftpos. We are unable to accept credit card payment over the phone or provide invoices for later payment. Where a fee is applicable we cannot process a lodgement unless accompanied by payment.
- 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 the Office of Regulatory Services.
- 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 Insolvency and Trustee Service Australia (ITSA) 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.

### 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.



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<b>1. ASSOCIATION NAME</b>		<b>ASSOCIATION NUMBER</b>	
		Incorporated	A0
<b>2. PREFERRED POSTAL ADDRESS OF ASSOCIATION</b>			
		<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>3. ADDRESS OF REGISTERED OFFICE OF ASSOCIATION</b> (if any)		<b>OFFICE HOURS</b>	
		FROM:	TO:
		<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>4. NAME AND ADDRESS OF CURRENT PUBLIC OFFICER</b>			
(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)			
<b>TITLE</b> ( <i>Mr, Ms</i> )	<b>GIVEN NAMES</b>	<b>SURNAME</b>	
<b>HOME ADDRESS</b> ( <i>Property Name, Unit, Flat No, Street Number, Street Name</i> )			
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>	
<b>HOME TELEPHONE NUMBER</b>	<b>MOBILE TELEPHONE NUMBER</b>		
( )			
<b>WORK TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>		
<b>5. PARTICULARS OF ANNUAL RETURN</b>			
(Please attach the financial statements and audit report)			
Starting date of association's financial year		Ending date of association's financial Year	
Date audit completed		Date of Annual General Meeting (AGM)	
If the accounts were not presented at the AGM, please specify the date of the general meeting at which the audited accounts were passed			

**6. REGISTER OF MEMBERS**

Address in the ACT at which the register of members may be viewed	Number of Current Members	
	STATE / TERRITORY	POSTCODE

**7. FINANCIAL INFORMATION**

Name of Financial Institution	Branch Location

**8. CATEGORY OF ASSOCIATION**

Please tick if the association's gross receipts exceed \$500,000 as such association is 'prescribed' under S.74 of the Act. In this case the auditor must be a registered company auditor under the <i>Corporations Act 2001. (Commonwealth)</i> .	
Please tick if the association's gross receipts and/or assets exceed \$150,000 or the association has more than 1,000 members or has a licence issued under the <i>ACT Liquor Act 2010</i> , the association is prescribed under S.74(3) of the Act. The auditor must either be a registered company auditor under the <i>Corporations Act 2001 (Commonwealth)</i> or be a current member of the Institute of Chartered Accountants in Australia or the Institute of Public Accountants or CPA Australia. The auditor cannot be <ul style="list-style-type: none"> <li>• an officer of the association,</li> <li>• a partner, employer or employee of an officer of the association, or</li> <li>• a partner or employee of an employee of an officer of the association.</li> </ul>	
Please tick if the above do not apply. The association is not prescribed and the auditor need not hold qualifications. Accounts may be audited by a person who is not an officer/committee member of the association and a person who has not prepared or assisted in the preparation of the accounts.	

**9. PARTICULARS OF AUDITOR**

TITLE (Mr, Ms)	GIVEN NAMES	SURNAME	QUALIFICATIONS OF AUDITOR (if applicable)
<b>ADDRESS</b>			

**10. SIGNATURE OF AUDITOR**

(Please provide this only if the auditor has not signed and dated the audit report)

I have audited the attached financial statements of the association. In my opinion:

- a) the financial statements of the association are properly drawn up;
  - i. so far as to give a true and fair view of the matters required by subsection 72(2) of the Act to be dealt with in the accounts for the financial year reported on;
  - ii. in accordance with the provisions of the Act; and
  - iii. in accordance with proper accounting standards
- b) proper accounting and other records have been kept by the association
- c) the audit was conducted in accordance with the rules of the association.

**DATE AUDIT COMPLETED**

Auditor's Signature	Date

**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 ( <i>Mr, Ms</i> )	GIVEN NAMES	SURNAME
ADDRESS			DATE OF APPOINTMENT

COMMITTEE POSITION	TITLE ( <i>Mr, Ms</i> )	GIVEN NAMES	SURNAME
ADDRESS			DATE OF APPOINTMENT

COMMITTEE POSITION	TITLE ( <i>Mr, Ms</i> )	GIVEN NAMES	SURNAME
ADDRESS			DATE OF APPOINTMENT

COMMITTEE POSITION	TITLE ( <i>Mr, Ms</i> )	GIVEN NAMES	SURNAME
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COMMITTEE POSITION	TITLE ( <i>Mr, Ms</i> )	GIVEN NAMES	SURNAME
ADDRESS			DATE OF APPOINTMENT

COMMITTEE POSITION	TITLE ( <i>Mr, Ms</i> )	GIVEN NAMES	SURNAME
ADDRESS			DATE OF APPOINTMENT

COMMITTEE POSITION	TITLE ( <i>Mr, Ms</i> )	GIVEN NAMES	SURNAME
ADDRESS			DATE OF APPOINTMENT

**12. STATEMENT BY PUBLIC OFFICER AND COMMITTEE**

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

As a current office-bearer of this association, I 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 auditing of the accounts and the presentation of the audited statement of accounts at the annual general meeting of the association.

Signature	Print name, Position
Signature	Print name, Position
Public Officer Signature	Print name