



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

<b>Person 2</b>	Preferred title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) ..... Given names ..... Family name ..... Address ..... Suburb ..... State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Signature ..... Date signed <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 style="margin-left: 100px;">D D M M Y Y Y Y</small>
<b>Person 3</b>	Preferred title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) ..... Given names ..... Family name ..... Address ..... Suburb ..... State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Signature ..... Date signed <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 style="margin-left: 100px;">D D M M Y Y Y Y</small>

**Part 2—Appeal details**

<b>Appeals for support</b> * Tick applicable box.	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).
<b>Banking details</b> * Check applicable. # At least two names required.	(a) Name of existing/proposed <input type="checkbox"/> Bank* / <input type="checkbox"/> Building society* / <input type="checkbox"/> Credit union* ..... Branch: ..... (b) Title of existing/proposed account/s: ..... ..... (c) Names of existing/proposed people# authorised to operate on the account/s are: ..... .....
<b>Locations</b>	The localities or towns where fund raising activities will occur: ..... .....
<b>Please note</b>	<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>

**Part 3—Association details**

<b>Association name</b>	The full name of the association is ..... ..... .....
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**Part 3—Association details continued**

<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>.....</p> <p>.....</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>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>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>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>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>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>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>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>

## Part 3—Association details continued

<b>Auditor details</b> Existing or proposed.	First name ..... Last name ..... Phone (day time) ..... Mobile ..... Email ..... <b>Auditor's qualifications</b> (please tick one of the following): <input type="checkbox"/> A person registered as an auditor under the <i>Corporations Act 2001</i> . <input type="checkbox"/> Member of CPA Australia who is entitled to use the letters 'CPA' or 'FCPA'. <input type="checkbox"/> Member of the Institute of Chartered Accountants in Australia who is entitled to use the letters 'CA' or 'FCA'. <input type="checkbox"/> Member of the National Institute of Accountants who is entitled to use the letters 'MNIA', 'FNIA', 'PNA' or 'FPNA'. <input type="checkbox"/> Other—Auditor approval will be required from the Office of Fair Trading.
<b>Financial year conclusion</b>	If applying for an indefinite duration of time, 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

## Part 4—Declaration and checklist for an association

<b>Declaration by an authorised person</b> * Check whichever is applicable.	I declare that all details provided on this form are true and correct. Signature ..... Signatory's name ..... 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 ..... Date <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
<b>Checklist</b> Where the object for fundraising to be sanctioned is conducted by an association.	Accompanying this application are: <input type="checkbox"/> If applicable, 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. <input type="checkbox"/> 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. <input type="checkbox"/> A copy of the last balance sheet or statement of the financial affairs of the association. <input type="checkbox"/> The written consent of the central body of the association (required only if this application is made on behalf of a local or affiliated branch or section of the association).

## Lodgement

	Please lodge the completed application and any supporting documentation to the Office of Fair Trading at the address below, or at one of our regional offices. No fees are payable on lodgement.  <b>By mail:</b> Registration Services Office of Fair Trading GPO Box 3111 Brisbane QLD 4001.  Visit <a href="http://www.fairtrading.qld.gov.au">www.fairtrading.qld.gov.au</a> or call <b>13 QGOV</b> (13 74 68) for information and your nearest Fair Trading Office.
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