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| Use this form to lodge an annual return for an association in accordance with Section 42 of the [*Associations Act 2003*](https://legislation.nt.gov.au/Legislation/ASSOCIATIONS-ACT-2003)*.*  See the [incorporated association’s](https://nt.gov.au/industry/licences/incorporated-associations) webpage for further information and the prescribed fee. | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | |
| Association name: | | | |  | | | | | | | | | | | | | | | | | | | |
| Incorporation number: | | | |  | | | | | | | | | | | | | | | | | | | |
| Do you agree to receive correspondence via email? | | | | | | | | | | | | | | | | | | | | | | Yes /No | |
| **Association head office** | | | | | | | | | | | | | | | | | | | | | | | |
| Head office address: | | | |  | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | State: | | |  | | Postcode: | | | | |  |
| Is your postal address the same as above? If no, complete below: | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | |  | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | |  | | | | | | | | | | | State: | | |  | | Postcode: | | | | |  |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number: | |  | | | | | | | | | | Mobile number: | | | |  | | | | | | | |
| Email address: | |  | | | | | | | | | | | | | | | | | | | | | |
| **Annual return details** | | | | | | | | | | | | | | | | | | | | | | | |
| Financial year ended on: | | | | | |  | | | | | AGM date: | | | | |  | | | | | | | |
| Was the annual return presented to the members at this AGM? | | | | | | | | | | | | | | | |  | | | | | | | |
| **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name): | |  | | | | | | | | | | | | | | | | | | | | | |
| Of (address): | |  | | | | | | | | | | | | | | | | | | | | | |
| Being the public officer/committee member, solemnly and sincerely declare that:   * All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the Oaths, Affidavits and Declarations Act 2010; and * I have read and understood the information contained in this application; and * The declaration is true and correct; and * I know that it is an offence to make a declaration that is false in any material particular. | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration is made at: (location) | | | | | | | |  | | | | | | | | | on: (date) | | |  | | | |
| Public officer/Committee member signature: | | | | | | | | |  | | | | | | | | | | | | | | |
| **Note:** Under the *Oaths, Affidavits and Declarations Act 2010* a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | | | | | | | | | | | | | | | | | | | |
| **Supporting documents checklist** | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the [incorporated association’s](https://nt.gov.au/industry/licences/incorporated-associations/fees) page for current fee. | | | | | | | | | | | | | | | | | | | | | Yes /No | | |
| Copy of audited accounts attached | | | | | | | | | | | | | | | | | | | | | Yes /No | | |
| Copy of AGM minutes attached | | | | | | | | | | | | | | | | | | | | | Yes /No | | |
| Completed and signed applicant declaration | | | | | | | | | | | | | | | | | | | | | Yes /No | | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government complies with the Information Privacy Principals scheduled by the *Information Act 2002*. | | | | | | | | | | | | | | | | | | | | | | | |
| **Disclaimer** | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act 2002*.  You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.  The information you provide will be accessible to Occupational Licensing and Associations and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.  You may request access to the personal information we hold about you. If you want more information about the Northern Territory’s privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT. | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | |
| Complete applications can be lodged in person, email or via post at a Territory Business Centre below: | | | | | | | | | | | | | | | | | | | | | | | |
| Darwin: | | | Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah | | | | | | | | | | | | | | | | | | | | |
| Katherine: | | | Big Rivers Government Centre, 5 First Street, Katherine | | | | | | | | | | | | | | | | | | | | |
| Tennant Creek: | | | Barkly Business Hub, 63 Haddock Street, Tennant Creek | | | | | | | | | | | | | | | | | | | | |
| Alice Springs: | | | Ground Floor, The Greenwell Building, 50 Bath Street Alice Springs | | | | | | | | | | | | | | | | | | | | |
| 1800 193 111 | | | | | [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | GPO Box 9800 Darwin NT 0801 | | | | | | | | |
| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | |
| A fee is payable on lodgement of this application form. Payment can be made by:   * Cash (in person only); or * Cheque (made out to Receiver of Territory Monies); or * Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment. | | | | | | | | | | | | | | | | | | | | | | | |
| Payment date: |  | | | | | | Receipt number: | | |  | | | | Amount paid: | | | | |  | | | | |