

## Charitable fundraising application

### Information for applicants

1. This application form is for an authority to fundraise in NSW, allowing an organisation to fundraise for its charitable purposes from NSW public only.
2. Complete all applicable questions. If information is missing, we can ask you to supply the required information and/or documents to support the application. Failure to supply information can delay a decision on the application.
3. For more information about applying for a fundraising authority, go to the Co-operatives and Associations section of the Fair Trading website [www.fairtrading.nsw.gov.au](http://www.fairtrading.nsw.gov.au)
4. If you need help in completing the application form, call 9895 0011 or [charity.inquiries@finance.nsw.gov.au](mailto:charity.inquiries@finance.nsw.gov.au)
5. Lodge this application form and any supporting documents by:

**Email**

[charity.inquiries@finance.nsw.gov.au](mailto:charity.inquiries@finance.nsw.gov.au)

**Post**

NSW Fair Trading  
Business Licensing  
Locked Bag 5138  
Parramatta NSW 2124

**OFFICE USE ONLY**

By (circle): mail | OTC | fax | email

Date lodged \_\_\_\_\_

Application number \_\_\_\_\_

Finalised by \_\_\_\_\_

Date finalised \_\_\_\_\_

Licence number \_\_\_\_\_

THIS FORM CONTAINS FILLABLE FIELDS

**PART A**

**ABOUT THE APPLICATION**

What is the application for? (tick one of the following)

New authority to fundraise

Renew existing authority to fundraise

If **Renewing**, provide existing CFN

**PART B**

**PROPOSED BENEFICIARY**

The beneficiary is the organisation that will hold the authority to fundraise, if the application is approved.

Name of proposed beneficiary

ABN (if applicable)

Phone (daytime)

Phone (mobile)

Fax

Email address

Web address

**Business address (This is where your fundraising records are kept. Always a physical street address)**

Street no.

Street name

Town/city

State

Postcode

**Postal address (if different from business address) a PO Box if one exists, otherwise a 'physical' street address**

Street no.

Street name

Town/city

State

Postcode

**PART C**

**STRUCTURE OF PROPOSED BENEFICIARY**

Tick one of the following and attach supporting documents (not required for renewals)

	Organisation Structure	Applicable legislation	Registration numbers	Attachments
<input type="checkbox"/>	Unincorporated			Attach constitution and statement of objects <sup>1</sup>
<input type="checkbox"/>	Incorporated	<i>NSW Associations Incorporation Act 2009</i>	Y/Inc:	Attach certificate of incorporation and statement of objects
<input type="checkbox"/>		Other:	Incorporation # (if any):	Attach constitution, certificate of incorporation, and statement of objects
<input type="checkbox"/>	Company Limited by Guarantee	<i>Corporations Act 2001</i>	ACN:	Attach certificate of registration and a statement of the company's objects
<input type="checkbox"/>		Corporations Law	ACN:	
<input type="checkbox"/>		<i>Companies Act 1961</i>	ACN:	
<input type="checkbox"/>	Community Advancement Society	<i>Cooperatives Act 1992</i>	Registration # (if any):	Attach certificate of incorporation and a statement of the society's objects
<input type="checkbox"/>	Company Limited by Shares	<i>Corporations Act 2001</i>	ACN:	Attach constitution, certificate of registration and statement of objects
<input type="checkbox"/>		Corporations Law	ACN:	
<input type="checkbox"/>		<i>Companies Act 1961</i>	ACN:	
<input type="checkbox"/>	Proprietary Limited Company	<i>Corporations Act 2001</i>	ACN:	Attach constitution, certificate of registration and statement of objects
<input type="checkbox"/>		Corporations Law	ACN:	
<input type="checkbox"/>		<i>Companies Act 1961</i>	ACN:	
<input type="checkbox"/>	Trust Deed			Attach copy of the trust deed and statement of objects <sup>2</sup>
<input type="checkbox"/>	Other	Specify:	Registration # (if any):	Attach constitution and statement of objects

1. Go to [www.fairtrading.nsw.gov.au](http://www.fairtrading.nsw.gov.au) and search for the 'Suggested rules for charities' webpage.

2. If the trustee is an incorporated association or a company, also provide a copy of the trustee's constitution and certificate of incorporation or registration.

PART D

APPOINTED CONTACT PERSON

We will liaise with the appointed contact person for licence and ongoing enquiries. Formal correspondence related to licences will also be sent to the postal address supplied here.

Title	Surname
Given name	Middle name
Phone (daytime)	Phone (mobile)
Fax	
Email address	

**Postal address (a PO Box if one exists, otherwise a 'physical' street address)**

Same as address in Part B

Street no.	Street name		
Town/city		State	Postcode

If the beneficiary or contact person's address is outside NSW, you must also provide a NSW Postal address

**NSW Postal address (a PO Box if one exists, otherwise a 'physical' street address)**

Street no.	Street name		
Town/city		State	Postcode

**PART E**

**AUDITOR DETAILS** (an auditor must be nominated)

Title	Surname
Given name	Middle name
Phone (daytime)	Phone (mobile)
Fax	Email address
Web address	

**Business address** (Always a physical street address)

Street no.	Street name		
Town/city		State	Postcode

**Postal address** (if different from business address) a PO Box if one exists, otherwise a 'physical' street address

Street no.	Street name		
Town/city		State	Postcode

Select the qualification level that applies to the auditor<sup>3</sup> (select highest qualification level)

	Qualification level	Accompanying details
1. <input type="checkbox"/>	Registered company auditor	Registration number:
2. <input type="checkbox"/>	Member of accounting body <sup>4</sup>	Name of accounting body:
3. <input type="checkbox"/>	Name of accounting qualification <sup>5</sup>	Name of degree/diploma/certificate:
		Name of educational institution:
4. <input type="checkbox"/>	Extent of experience and expertise <sup>6</sup>	

- A registered company auditor, or a person having other qualifications or experience acceptable to us, must audit the financial accounts of a beneficiary each year. The auditor must be objective, impartial, and free of any conflict of interest when performing his/her duties. **The auditor must not be a member of, or closely related to, or residing with, any member of the management committee of the proposed beneficiary.**
- The main accounting profession qualification bodies are CPA Australia and the Institute of Chartered Accountants.
- If the fundraising income or assets is between \$50,001 and \$100,000, the proposed beneficiary must engage an auditor with formal accounting qualifications.
- If the fundraising income or assets is \$50,000 or less, the proposed beneficiary can engage an auditor who has no formal accounting training but who possessed other qualifications and experience we assess as suitable. You must obtain our approval for this arrangement.

**For renewals only:**

Please attach your organisations latest audited financial statement that includes:

- a statement of income and expenditure
- a balance sheet (a statement detailing the organisations assets and liabilities)
- a signed auditors report in which the auditor expresses an opinion as to whether or not the accounts are true and correct.

Your organisations accounts must be audited within 6 months prior to the end of your organisations financial year. If the renewal date of your Authority to fundraise is within 6 months of the end of your last financial year, we will accept a copy of the previous years audited annual financial statements.

PART F

OTHER QUESTIONS

Is it proposed to use a trader<sup>7</sup> to conduct any fundraising appeals?  Yes  No

If **Yes**, please enclose full details of trader - see application checklist below

Does the proposed beneficiary have any branches, auxiliaries or subsidiaries under its control?  Yes  No

If **Yes**, please search for and download 'Branch proforma' on the Fair Trading website [www.fairtrading.nsw.gov.au](http://www.fairtrading.nsw.gov.au)  
Complete and email to [charity.inquiries@finance.nsw.gov.au](mailto:charity.inquiries@finance.nsw.gov.au) or contact us on 9895 0011 for assistance.

Is the proposed beneficiary a branch, auxiliary or subsidiary of another organisation?  Yes  No

If **Yes**, name of parent organisation \_\_\_\_\_

For an organisation, does the management committee, board, etc contain 3 or more persons?  Yes  No

Does the organisation's board, management committee, etc, contain persons who are members of the same family<sup>8</sup>  
or are residing at the same address?  Yes  No

If **Yes**, do these persons comprise more than 1/3 of all members of the board, committee, etc?  Yes  No

7. A trader is a person who conducts or organises an appeal on your behalf for profit or other benefit.

8. Same family means spouse, defacto partner, children, siblings, parents and grand-parents

PART G

DECLARATION

To be completed by the person identified in Part D

- I declare that I am 18 years or older and I am authorised to make this application on behalf of the proposed beneficiary.
- I declare that all reasonable steps will be taken to ensure that persons proposing to conduct appeals and persons associated with proposed appeals are fit and proper.
- I declare that the contents of this application including any attachments are true, correct and complete.
- I acknowledge that under section 307A of the Crimes Act 1900 it is an offence to provide false, misleading or deficient information in this application.
- I acknowledge that failure to provide all required information may result in refusal of the application.
- I understand that specific details I have supplied in this application may be 'personal information' under the Privacy and Personal Information Protection Act 1998. Personal information is any information or opinion that identifies an individual, or enables someone to identify an individual.
- I acknowledge that NSW Fair Trading is collecting personal information to enable processing of the application. I also understand that this agency will use the information for its intended purpose only, store the information securely, and allow me to access and update the information. I also acknowledge that this agency, when processing this application, may need to disclose personal information to other Government agencies.
- I consent to the use of personal information in this application for the purposes of maintaining the public register of Charitable Fundraising at [www.onegov.nsw.gov.au](http://www.onegov.nsw.gov.au).

Signature of applicant

Date

PART H

APPLICATION CHECKLIST

- All questions are answered and full particulars provided
- Attach a copy of the statement of objects (Part C)
- Attach a copy of the constitution or trust deed and/or certificate of registration or corporation (Part C)
- Attach details of the auditor's qualifications, if the auditor is not a registered company auditor (Part E)
- Attach a copy of the latest audited financial statements, if applicable. (Part E)
- Where traders are to be used - details in respect of those persons are attached. (Part F)
- Where the organisation is a branch or a subsidiary of another organisation - you have supplied the name of the other organisation (Part F)
- **The declaration is completed and signed (Part G)**