



Form 9

Application for copies of documents (Replacement Certificate)

IMPORTANT – If requesting copies of documents lodged please contact the Associations Registration section on 9282 0764 to obtain a pricing prior to submitting this application form.

Applications should be processed between 3 and 5 working days from receipt by the Department and will be mailed to the contact persons address. **Please note replacement certificates can not be issued electronically.**

Date Received	Job Number
This section is for Office Use only	

Document(s) Requested

I am requesting copies of documents from:

Name of Association:

Incorporated Association Registration Number (IARN) (if known):

Please indicate which document/(s) you require:

**Replacement Certificate of
Incorporation**

\$12.20

Applicant

Title Mr Mrs Ms Miss Other: ▶

Full Name:

Address:

Telephone:

Mobile:

Fax:

Email:

Applicants Declaration

I, the person named as the applicant hereby request that a replacement certificate for the above named association be issued and certify that:

- a) the original certificate of incorporation has been damaged or mislaid;
- b) I am a duly elected committee member of the above named association, and
- c) all of the details set out on this application are true and correct.

Signature

Date

Contact Person

Title Mr Mrs Ms Miss Other: ▶

Full Name:

Address:

Post Code

Telephone:

Mobile:

Fax:

Email:

Preferred method of communication

Email

Post

Fees *(Optional)*

I would like to have the replacement certificate laminated *(additional fee applies)*

Credit Card Payments

Credit Card Type: VISA MASTERCARD

Amount \$

Card Number: / / /

Expiry: /

Cardholder Name:

Signature: