# **Business Queensland**

Linked org number:

Document number:

IA00523

2020,7979744558

### Office of Fair Trading

### **Department of Justice and Attorney-General**

ABN: 13 846 673 994

ARABIAN HORSE ASSOCIATION (QLD) INC PO BOX 23 WONDAI QLD 4606

### Notice to pay

Description	Amount	GST	Amount (incl. GST)
Incorporated association fee	\$57.60	\$0.00	\$57.60

Total amount	Total GST	Payable
\$57.60	\$0.00	\$57.60

This notice should be kept as proof of submission of your annual return.

Customer reference number Submission date and time (AEST) 111413816323043 12 Apr 2021 4:22:14 PM

Pay using BPAY®



CRN ref:

Registered to BPAY Pty Ltd ABN 69 079 137 518

Biller code: 586255

111413816323043

Telephone and Internet Banking - BPAY® Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account. More info: www.bpay.com.au

Call 13 QGOV (13 74 68) for all enquiries

### Important information about your payment:

You have elected to pay for your annual return later. The following options are available.

#### **BPAY**

Use the BPAY® information that is included in the Notice to pay.

#### Online payment portal

Use our online Make a Payment form to pay by credit/debit card. Click <u>here</u> to be redirected to our 'Make a Payment' form or visit <u>our website</u>.

The Make a Payment form is considered a new form and will require your Customer Reference Number (CRN) to proceed. This can be found on page 1 of this document.

#### **Phone**

07 3738 8700

If you wish to pay using one of the following pay later options, you must **print the Notice to pay** and send this with payment or present to the staff at the Fair Trading counter.

#### Mail

Registration Services GPO Box 3111 Brisbane Qld 4001

#### In person

The Queensland Government Service Centre Upper Plaza Terrace 33 Charlotte Street Brisbane Qld 4000

Visit <u>our website</u> or call 13 QGOV (13 74 68) for any additional information and to find the location of your nearest Office of Fair Trading office.

Lodgement of the annual return will not be finalised until payment is received. If payment is not received within 28 days of the date of submission, the organisation's registration may be cancelled in accordance with statutory provisions.

If you are unable to pay for the annual return **within 28 days**, please contact the Office of Fair Trading (OFT) immediately on 07 3738 8700 to seek an extension.

## Getting started

#### Purpose of this form

This SmartForm can be used for the online lodgement of an:

- annual return of association (Form 12-1)
- annual return for charity of sanction (Form 20)

#### **Privacy statement**

The Office of Fair Trading (OFT) collects information, including personal information, on this form as required by the Associations Incorporation Act 1981, Associations Incorporation Regulation 1999, Collections Act 1966 and Collections Regulation 2008. In accordance with this legislation, a register of this information and any documents lodged with the Department is available for inspection by the public upon payment of a prescribed fee. Where authorised or required by law, information on this form can be disclosed without your consent. Under the Fair Trading Act 1989 information may also be shared on a confidential basis with other Australian fair trading agencies.

#### How to fill out this form

In the form we will ask you for your email address so we can send you a completed copy of this form and your tax invoice (receipt). Alternatively, you can download and save these documents when you complete the form.

While completeing this form, you can:

- save your progress at any stage prior to submission of the form by selecting 'Save for Later'. You will be provided with a tracking code that will give you access to your saved form for 72 hours. Outside of this timeframe, you will need to start the form again.
- · exit this form at any time before you click on the 'Submit' button, and you will not be charged.

Please note: The annual return is not considered received until you have submitted the form and supporting documentation and paid the fee (where applicable). You may be contacted by an OFT officer seeking additional information regarding your completed form.

#### Organisation details

Enter the organisation number \*

IA00523

The organisation number can be found on the annual return form received from the OFT. Where there are multiple numbers, use the number that commences with IA. Alternatively, use the register search on our website to look up your association's number.

Organisation name

ARABIAN HORSE ASSOCIATION (QLD) INC

Our records show that your organisation has outstanding annual returns for the following year/s. It is a legislative requirement to submit an annual return for each financial year of operation.

If you need to lodge more than one annual return, a separate form is required for each year. If you are lodging multiple annual returns, please lodge the oldest return first.

Please select which financial year you would like to lodge for:

Year of Lodgement \*
2020

#### **Lodging Party**

Are you the Secretary of this association? \*

You must be the secretary or a person authorised by the organisarion to submit the annual return. If you are not the Secretary you will need to fill out the Declaration of Authorisation below.

Yes

No, I am an authorised person

#### Important information

Before you start...

- The association must hold an annual general meeting within 6 months after the end date of the association's financial year.
- The annual return and any supporting documentation and fees should be lodged with the OFT within 1 month of the AGM where the audited or verified
  financial statements were presented.
- · If an attachment is required and an electronic file is not available, you will be sent information to submit these documents by mail or in person.

To complete this form, you will need:

- a full list of names and residential address of the persons holding the positions of president, secretary and treasurer of the association.
- to enter your details including residential address, if you are completing this form and not the secretary of the association.
- · the association address and email details (if available).
- · the date of annual general meeting.
- · financial (banking) institution account details.
- · auditor's details.
- to attach the financial statements for the association including a statement of the association's income and expenditure during the financial year, a statement of the association's assets and liabilities as at the end of the financial year and a signed auditor's report or verification statement.
- to keep your receipt which details information relating to documents or information you need to provide to the OFT before your annual return can be
  finalised. This information must be supplied to the OFT within 28 days.
- to contact the OFT to seek an extension for the lodgement of the documents if you are unable to provide them within 28 days.

#### Payment options and refunds

#### Annual return fee payable

A fee of \$57.60 is payable to the Office of Fair Trading to finalise lodgement of this annual return.

#### Pay online

You can choose to pay online using a VISA or MasterCard credit/debit card. No other cards can be accepted. On submission of this form you will be redirected to a secure payment portal hosted by the Commonwealth Bank of Australia.





#### Pay later

You can choose to pay later using a number of methods including BPAY®. Details will be provided on lodgement of this annual return of how you can make a BPAY® payment from your cheque, savings or transaction account. If paying by this option, payment should be made as soon as lodgement of the annual return is complete.



For other payment options visit the OFT website.

#### **Declaration**



I declare that: \*

As the person delegated to complete this form, I have read and understood the above important information. I understand that any payment or attachments that are required to finalise lodgement of the annual return must be supplied **within 28 days** of submission and that if I do not supply these documents within the specified timeframe, the organisation's registration may be cancelled in accordance with statutory provisions.

# Organisation details

### Annual general meeting

The annual general meeting was held	on: *			
28 Nov 2020				
Organisation addresses				
Association postal address				
Is the association's postal address a s	treet address or a PO Box? *			
Street Address		PO Box		
Type *	Number *			
РО ВОХ	23			
Suburb *			State *	Postcode *
WONDAI			QLD	4606
Association nominated address for	service			
Is this address a stand alone property	? (i.e. House or Clubhouse) *			
<ul><li>Yes</li></ul>		No		
Street number *	Street name (name only) *			Street type *
252	REDHILL RD			Road
Suburb *			State *	Postcode *
WONDAI			QLD	4606
ABN				
Do you have an ABN? *				
<ul><li>Yes</li></ul>		No		
Please enter your ABN and click the A	BN Lookup button.			
ABN				

The association must hold an annual general meeting within 6 months after the end date of the association's financial year.

## Office bearers and governing body

### Secretary details The current Secretary on file for ARABIAN HORSE ASSOCIATION (QLD) INC is T. BANKS. Is this correct? \* No Please enter the date T. BANKS ceased as Secretary of ARABIAN HORSE ASSOCIATION (QLD) INC. 04 Feb 2021 Please enter details for the Secretary of ARABIAN HORSE ASSOCIATION (QLD) INC. Date of appointment 04 Feb 2021 Title \* MISS First name \* **CHARMAINE** Middle names **CLARE** Surname **BURROWS** As ARABIAN HORSE ASSOCIATION (QLD) INC is an incorporated association, the Secretary must be a resident of Queensland or reside within 65km of the This address must be the residential address of the Secretary and cannot be a PO Box address. Is this address a house? \* Yes No No No Street number \* Street name (name only) \* Street type \* 252 **REDHILL** Road Suburb \* State \* Postcode \* **WONDAI** QLD 4606 A daytime phone number is required. Daytime contact number (including area code) \* Fax number (including area code) 0427849576

Would you like the tax invoice (receipt)	), a copy of the form and any other inform	mation automatically	emailed to you wh	en you submit the annual return?
If you choose Yes, you consent to the ASSOCIATION (QLD) INC. *	use of this email address by the Office of	of Fair Trading for any	or all corresponde	nce relating to ARABIAN HORSE
<ul><li>Yes</li></ul>		○No		
Email *				
secretary@ahaq.asn.au				
Confirm email (for security reasons,	please re-type your email address as	you cannot copy ar	nd paste) *	
secretary@ahaq.asn.au				
President details				
The current President on file for ARAB	BIAN HORSE ASSOCIATION (QLD) INC	is C. CUNNINGHAM		
Is this correct? *				
<ul><li>Yes</li></ul>		No		
Is this address a house? *				
<ul><li>Yes</li></ul>		○No		
This address must be the residential a	ddress of the President and cannot be a	PO Box address.		
Street number *	Street name (name only) *			Street type *
220	MOLLENHAGEN			Road
Suburb *			State *	Postcode *
STOCKLIEGH			QLD	4280
A daytime phone number is required.				
Daytime contact number (include area	a code) *	Fax number (inclu	ide area code)	
0474726855				
Please enter an email address for the	President of ARABIAN HORSE ASSOC	IATION (QLD) INC.		
Email				
president@ahaq.asn.au				
Confirm email (for security reasons,	please re-type your email address as	you cannot copy ar	nd paste) *	
president@ahaq.asn.au				
Treasurer details				
	BIAN HORSE ASSOCIATION (QLD) INC	is H. WEBSTER.		
Is this correct? *				
Yes		<ul><li>No</li></ul>		
Please enter the date H. WEBSTER of	eased as Treasurer of ARABIAN HORS	E ASSOCIATION (QL	.D) INC.	
15 Jun 2020				

Please enter details for the Treasurer o	f ARABIAN HORSE ASSOCIATION (QLE	D) INC.		
Date of appointment				
15 Jun 2020				
Title *				
MRS				
First name *				
JANICE				
Middle names				
Surname				
O'CONNOR				
Is this address a house?*				
<ul><li>Yes</li></ul>		No		
This address must be the residential ad	ddress of the Treasurer and cannot be a P	O Box address.		
Street number *	Street name (name only) *			Street type *
7	KENTVILLE			Road
Suburb *			State *	Postcode *
KENTVILLE			QLD	4606
You must provide a daytime phone nun	nber.			
Daytime contact number (include area	code) *	Fax number (includ	e area code) optic	nal
0418772084				
Please enter an email address for the T	reasurer of ARABIAN HORSE ASSOCIA	TION (QLD) INC.		
Email				
treasurer@ahaq.asn.au				
Confirm email (for security reasons, p	olease re-type your email address as yo	ou cannot copy and	l paste) *	

# Financial information

Financial Ir	stitution														
Please supply	the current	primary accou	unt details for	ARABIAN H	ORSE ASSO	OCIATION (	(QLD) IN	IC.							
Bank/financial institution name *			Branch name												
BANK OF Q	UEENSLANI	D													
Account nam	e <b>*</b>														
ARABIAN H	ORSE ASSC	CIATION (QL	_D) INC												
BSB number	*					Accoun	t numbe	er*							
1	2	4	0	0	7	1	0	3	7	7	9	2	7		
Association	n level for f	inancial sta	atements												
What is the re	evenue level	of ARABIAN I	HORSE ASS	OCIATION (C	QLD) INC? *										
Over \$100	0,000			Between	\$20,000 & \$	\$100,000			OU	nder \$20	0,000				
What is the va	alue of the cu	irrent assets o	of ARABIAN I	HORSE ASS	OCIATION (	QLD) INC?	*								
Over \$100	0,000			Between	\$20,000 & \$	\$100,000			<b>●</b> Uı	nder \$20	0,000				
Level Two															
You will be re	quired to sup	ply financial s	statements fo	r the organisa	ation for its la	ast reportab	ole finan	cial yea	r to final	ise the a	annual re	eturn. Ti	hese wil	l include	э:
<ul><li>balar</li><li>a sta</li><li>the a</li></ul>	nce sheet (sig tement signe ssociation's f	me and exper gned and date d by a person inancial recor lealings with i	ed by the preson who is an aurology and the results and the results are shown that	sident or treas uditor or an ap the associati	surer) pproved acc	ountant tha	t states:								
You are requi	red to supply	the documer	nts outlined al	bove to finalis	se the annua	ıl return.									
Please select	how you wo	uld like to sup	pply these. *												
<ul><li>Upload no</li></ul>	w					Supp	ly later								
Click on the b DOC, DOCX, File: AHAQ A	XLS, XLSX,	GIF, JPG, BN	ИР. <b>*</b>	aximum size	of the file tha	at can be up	oloaded	is 10ME	3. Only t	he follov	ving file	types ca	an be up	oloaded	PDF,
Auditors de	etails														
Full name of	auditor *														
WARDS TAX	X ACCOUNT	ING & BOOK	KEEPING												
Email															
Daytime cont	act number (	including area	a code) *												
0754641309	1														

A person registered as an auditor under the Corporations Act 2001
Member of CPA Australia who is entitled to use the letters 'CPA' or 'FCPA'.
Member of the Institute of Chartered Accountants in Australia who is entitled to use the letters 'CA' or 'FCA'.
Member of the Institute of Public Accountants who is entitled to use the letters 'MIPA' or 'FIPA'.
A person approved by the chief executive to audit this association

## Agreement

_		
Dec	laration	١

I declare that: \*

I understand that the information provided in and with this application may be disclosed publicly under the <u>Right to Information Act 2009</u>.

I am aware that it is an offence to knowingly provide false information.

I have read and agree to the terms and statements above.

#### **Signature**

First Name *	Surname *	Signature date *
CHARMAINE	BURROWS	12 Apr 2021
Position		
SECRETARY		

I acknowledge Queensland State Laws will accept this communication as containing my signature within the meaning of the Electronic Transactions (Queensland) Act 2001 . \*

Read Electronic Transactions (Queensland) Act 2001

## Lodgement

#### **Email confirmation**

Fmail \*

You have chosen to pay later or you must provide additional documentation after you have submitted this SmartForm. You must provide an email address to receive instructions on how to complete payment or supply the required documents.

Lindi
secretary@ahaq.asn.au
Confirm email (for security reasons, please re-type your email address as you cannot copy and paste) *
secretary@ahaq.asn.au

#### Online submission

You have chosen to pay for this annual return later. You will be provided with full details on how to make payment after you submit this form. Payment should be made as soon as lodgement of the annual return is complete.

Are you ready to submit the annual return and make payment through one of the Pay Later options?\*

On clicking the Submit button at the bottom of the page, you will be redirected to the Australian Business Account page.

Once the Australian Business Account page has been opened, you will NOT be able to return to this form or choose a different payment option.

## Receipt

Your form has been successfully submitted. Please keep a copy of this acknowledgement for your records. To save or print a copy of the completed form and acknowledgement go to the "File" menu and select "Save as" or "Print".

#### Your submission details:

Submission date and time (AEST)	Customer reference number (CRN)	Tracking code
12 Apr 2021 4:22:14 PM	111413816323043	F24YKWAR

If you need to contact the Office of Fair Trading for any reason, please call 13 QGOV (13 74 68) or visit the OFT website.