



CHECKLIST		Reporting Period ____ / ____ / 20 ____ to ____ / ____ / 20 ____
An Affiliate shall, within two months of its Annual General Meeting in each year, but in any case, not later than the 31st day of October, forward to the Secretary of the DOGS NSW the following documents:-		
1	Annual Report Cover Sheet	<input type="checkbox"/>
2	Profit & Loss Statement	<input type="checkbox"/>
3	Balance Sheet	<input type="checkbox"/>
4	Assets Register	<input type="checkbox"/>

1. ANNUAL REPORT COVER SHEET

Please Note: DOGS NSW Regulations Part X – Affiliates, Section 10 (a) & (b), requires that all Office Bearers of an Affiliated Club **MUST** be Members or Associate Members of DOGS NSW and reside in NSW. ****** PLEASE LIST CURRENT SITTING OFFICE BEARERS ******

To be completed and signed, by either the President and/or Secretary, together with the following attachments:

a) Copy of insurance policy for

1. Public Liability
2. Voluntary Workers
3. Workers Compensation (if applicable)

*** Items (1) and (3) does not apply to Affiliates who pay for Insurance coverage of Public Liability, and Voluntary Workers Personal Accident, along with their Affiliation Fee.*

b) A complete List of Financial Members showing the names, addresses, Dogs NSW Membership number and respective categories of membership of all members of the affiliate as at the date of the Annual General Meeting signed by the President OR Secretary;

c) A copy of the Minutes of the Annual General Meeting; and 'Minutes' of any other subsequent meeting where office bearers were elected.

2. ANNUAL REPORT PROFIT & LOSS STATEMENT

Should a complete copy of the Auditors' report be supplied to the DOGS NSW Office, then this section is not required to be completed. Notwithstanding the above, without a full and complete copy of the Auditor's Report, then the information is required to be completed in full.

3. ANNUAL REPORT BALANCE SHEET

Should a complete copy of the Auditors' report be supplied to the DOGS NSW Office, then this section is not required to be completed. Notwithstanding the above, without a full and complete copy of the Auditor's Report, then the information is required to be completed in full. The Treasurer of the Affiliate must sign the Balance Sheet.

4. ANNUAL REPORT ASSET REGISTER

Should a complete copy of the Auditors' report be supplied to the DOGS NSW Office, then this section is not required to be completed. Notwithstanding the above, without a full and complete copy of the Auditor's Report, then the information is required to be completed in full. The Treasurer of the Affiliate must sign the Balance Sheet.

Without the full copy of the **original** Accounts from the Auditor, this page must be completed and signed by Auditor and Treasurer of the Affiliate.

IMPORTANT NOTE

IMPORTANT NOTE: The Audited Accounts must be prepared by a member of one of the professional accounting bodies. Please note DOGS NSW Regulations Part X – Affiliates, Section 2: Administration, Clause 2.2(a) which reads as follows:-

2.2. An Affiliate shall:-

a) *within two (2) months of its Annual General Meeting in each year, but in any case, not later than the 31st day of October, forward to the DOGS NSW Secretary a copy of its Balance Sheet and Financial Statements as adopted and duly prepared by a member of one of the following professional accounting bodies:*

*Association of Chartered Certified Accountants Australia and New Zealand CPA Australia
Institute of Public Accountants National Tax Agents' Association Ltd The Tax Institute (TTI)
Australian Bookkeepers Association Ltd
Chartered Accountants Australia and New Zealand Institute of Certified Bookkeepers
Institute of Chartered Accountants in England and Wales (ICAEW) National Tax Agents' Association Ltd (NTAA+)
The Institute of Chartered Accountants Australia (ICAA)
TAI Practitioners & Advisers Limited*

together with a copy of the Accountant's Audit, or Compilation Report (prepared in accordance with Accounting Standard APES 315), duly signed by the Accountant stating whether such Balance Sheet and Financial Statements give a true and fair view of the activities of the Affiliate for the preceding twelve (12) months and at Balance Date and, if qualified, details of the reasons for the qualification.

**1. ANNUAL REPORT COVER SHEET**

Affiliate Name:					
Membership No:					
Insurance With:	DOGS NSW:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<i>If Other, a copy of the Insurance Policy is required.</i>
The following Office Bearers were elected at the Annual General Meeting held on:					(Date)

PRESIDENT

<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (please specify):		
First Name:	Last Name:	
Email:	Membership No:	
Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	Phone (B):	Phone (M):

SECRETARY

<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (please specify):		
First Name:	Last Name:	
Email:	Membership No:	
Postal Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	Phone (B):	Phone (M):

1st VICE PRESIDENT

<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (please specify):		
First Name:	Last Name:	
Email:	Membership No:	
Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	Phone (B):	Phone (M):

2nd VICE PRESIDENT

<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (please specify):		
First Name:	Last Name:	
Email:	Membership No:	
Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	Phone (B):	Phone (M):

TREASURER

<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (please specify):		
First Name:	Last Name:	
Email:	Membership No:	
Address:		
State:	Postcode:	Country (if overseas):
Phone (H):	Phone (B):	Phone (M):



The copies of the following documents are attached, which were presented at our Annual General Meeting held on the above date:

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Date:

Position held as above:

Initial	Surname	DOGS NSW Membership No	Address

[illegible]

Date:

Position held as above:



Affiliate Name:					
Membership No:					
Our Financial Statement presented at our Annual General Meeting held on:			(Date)		is shown hereunder.
Profit & Loss Statement for the period form:	(Date)		to	(Date)	

IMPORTANT NOTE: The Income & Expenditure Totals must match.

Signature:	Date:
Position held as above:	



DOGS NSW AFFILIATE ANNUAL REPORT

3. ANNUAL REPORT BALANCE SHEET

Affiliate Name:	
Membership No:	
Balance Sheet as at:	(Date)

Year _____	Year _____	
Assets:		
\$	Cash at Bank	\$
\$	Investment	\$
\$	Fixed Deposits	\$
\$	Debtors	\$
\$	Prepayments	\$
\$	Sub Total	\$
Non-Current Assets:		
\$	Land & Building	\$
\$	Vehicles	\$
\$	Equipment	\$
\$	Sub Total	\$
\$	TOTAL ASSETS	\$
Current Liabilities:		
\$	Accrued Liabilities	\$
\$	NET ASSETS THIS YEAR	\$
Funds:		
\$	Balance as at 30 th June	\$
\$	Add Surplus & Deficit	\$
\$	Other Adjustments	\$
\$	NET ASSETS THIS YEAR	\$

AUDITOR'S DECLARATION

I,	(Auditor)	being a member of	(Professional Body)
of	(Auditor Address)		
have been engaged by	(Affiliate Name)		
for the Financial Year end	(Date)		
Except for my involvement in undertaking the audit, I am not otherwise concerned with the management of, nor am I an employee, Office Bearer or otherwise associated with			
In my opinion, the Financial Statements of		(Affiliate Name)	
are properly drawn up so as to give a true and fair view of the Balance Sheet for the year ended		(Date)	
and the Income and Expenditure Statement for the year ended. We certify that the attached Financial Statement and above Balance Sheet is an exact copy of that submitted at our Annual General Meeting held on			
		(Date)	
Auditor Name:			
Signature:		Date:	

DECLARATION

Treasurer Signature:	Date:
Treasurer Name:	

This completed application should be forwarded to: DOGS NSW, PO Box 632, St Marys NSW 1790 or info@dogsnsw.org.au
 Royal New South Wales Canine Council Ltd ABN 69 062 986 118 trading as DOGS NSW
 Phone 02 9834 3022 or email info@dogsnsw.org.au