DOGS NSW
AFFILIATE ANNUAL REPORT – August 2025 version

Affiliate Name:	

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 & Insurance Policy documents – if DOGS NSW insurance held policy is NOT required to be sent	☐
2	Profit & Loss Statement & Balance Sheet	☐
3	NSW Department of Fair Trading Incorporation Payment Receipt	☐
4	Assets Register – If NO assets are held an assets register is not required. Please tick box to confirm NIL HELD: ☐	☐
5	AGM Minutes	☐
6	Listing of Financial Members showing: Name, Address, Membership number & Membership Category	☐

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.

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) Receipt for Payment of Incorporation fee to NSW Department of Fair Trading.

c) 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;

d) 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+)
Chartered Accountants Australia & New Zealand (CA ANZ)
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.

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1. ANNUAL REPORT COVER SHEET – Please note that information in this section will be published on the DOGS NSW Website			
Affiliate Name:		**Membership No:**	
Affiliate Address:			
Affiliate Email:		Affiliate Phone:	
The following Office Bearers were elected at the Annual General Meeting held on:		*(Date)*	

PRESIDENT – Please enter legal name as listed on financial membership

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other (please specify):

First Name:		Last Name:			
Email:		Membership No:			
Address:					
State:		Postcode:			
Phone (H):		Phone (B):		Phone (M):	

SECRETARY – Please enter legal name as listed on financial membership

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other (please specify):

First Name:		Last Name:			
Email:		Membership No:			
Address:					
State:		Postcode:			
Phone (H):		Phone (B):		Phone (M):	

1st VICE PRESIDENT – Please enter legal name as listed on financial membership

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other (please specify):

First Name:		Last Name:			
Email:		Membership No:			
Address:					
State:		Postcode:			
Phone (H):		Phone (B):		Phone (M):	

2nd VICE PRESIDENT – Please enter legal name as listed on financial membership

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other (please specify):

First Name:		Last Name:			
Email:		Membership No:			
Address:					
State:		Postcode:			
Phone (H):		Phone (B):		Phone (M):	

TREASURER – Please enter legal name as listed on financial membership

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other (please specify):

First Name:		Last Name:			
Email:		Membership No:			
Address:					
State:		Postcode:			
Phone (H):		Phone (B):		Phone (M):	

DECLARATION	
The copies of the following documents are attached, which were presented at our Annual General Meeting held on the above date:	
Financials Reports, including the Balance Sheet	☐
Minutes of the Annual General Meeting	☐
President & Secretary's Report	☐
List of Financial Members, signed by the President and / or Secretary	☐
Attached details of any other information you consider necessary	☐

Signature:		Date:	
Position held as above:			

LIST OF FINANCIAL MEMBERS

Initial	Surname	Membership No	Address	Category

Category legend: A – Associate, C – Concession, CJ – Concession Joint, J – Joint, Jnr – Junior, O - Ordinary

DECLARATION			
Signature:		Date:	
Position held as above:			

2. ANNUAL REPORT PROFIT & LOSS STATEMENT				
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 from:	*(Date)*	*To Date*		

INCOME		**EXPENDITURE**	
From Shows/Trials		**From Shows/Trials**	
Entry Fees	$	Prizes, Trophies & Ribbons	$
Catalogue Sales	$	Judges' Expenses	$
Catering Receipts	$	Gifts Fees Accommodation	$
Other Show Income	$	Catalogue Expenses	$
Other		Catering Expenses	$
Membership Fees	$	Ground Hire	$
Function Receipts	$	Exhibitor Levies	$
Other Fundraising	$	Other Show Expenses	$
Activity Receipts	$	**Other**	
Newsletter (Advertising, etc)	$	Affiliation Fees	$
Interest from Investments	$	Function Costs	$
Donations	$	Other Fundraising	$
Other Income		Activity Costs	$
	$	Newsletter Costs	$
	$	Depreciation	$
	$	Printing & Stationary	$
	$	Secretary's Expenses	$
	$	Stamps, telephone, etc	$
	$	Meeting Room Hire	$
	$	Bank Fees & Charges	$
	$	Donations	$
	$	**Other Expenses**	
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$	**Sub Total**	$
Sub Total	$	**Surplus / Deficit**	$
Total	$	**Total**	

IMPORTANT NOTE: The Income & Expenditure Totals must match.

DECLARATION			
Signature:		Date:	
Position held as above:			

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 30th 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	*(Affiliate Name)*		
I can confirm that the Affiliated body mentioned above has been provided with an audit report of their financial statements for the financial year to which this Annual Report applies.			
Auditor Name:			
Signature:		Date:	

DECLARATION		
I, *(Treasurer)*	hereby declare that the financial statements and balance sheet submitted with this	
report is an exact copy of those presented at our AGM held on	Date:	
Treasurer Signature:		Date:

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