

Affiliate Name:							
CHECKLIST		REPORTING PERIOD / / 20 to /					
	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						
2	Profit & Loss Statement						
3	Balance Sheet						
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) 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.

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1. ANNUAL REPORT COVER SHEET									
Affiliate Name:									
Membership No:									
Insurance With:	DOGS NSW:		Other:			If Other, a	copy of the Insurance Policy is required.		
The following Office	ce Bearers were elec	cted at the Annu	ual General M	eeting he	eld on:			(Date)	
PRESIDENT									
☐ Miss ☐ Ms [Mrs Mr	Other (please :	specify):						
First Name:					Last Name:				
Email:					Membership No:				
Address:					ı				
State:			Postcode:				Country (if overseas):		
Phone (H):			Phone (B):				Phone (M):		
SECRETARY									
Miss Ms [Mrs Mr	Other (please s	specify):						
First Name:					Last Na	Last Name:			
Email:				Membership No:		ership No:			
Postal Address:									
State:			Postcode:	Postcode:			Country (if overseas):		
Phone (H):			Phone (B):			Phone (M):			
1st VICE PRESIDE	NT								
☐ Miss ☐ Ms [Mrs Mr	Other (please :	specify):						
First Name:				Last Name:					
Email:					Memb	ership No:			
Address:			1				T		
State:			Postcode:			Country (if overseas):			
Phone (H): Phone (B):				Phone (M):					
2 nd VICE PRESIDE	NT								
☐ Miss ☐ Ms [Mrs Mr	Other (please :	specify):						
First Name:			Last N		Last Na	ame:			
Email:			Membership No:		ership No:				
Address:									
State:	ate: Postcode:				Country (if overseas):				
Phone (H):	none (H): Phone (B):				Phone (M):				
TREASURER			_						
☐ Miss ☐ Ms [Mrs Mr	Other (please :	specify):						
First Name: Last Name:									
Email:				Membership N		ership No:	p No:		
Address:									
State:			Postcode:				Country (if overseas):		
Phone (H):			Phone (B):				Phone (M):		

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DECLAI	RATION					
The cop	ies of the following	ng documents are attached, v	which were presented at	our Annual General Meeting held on the	above date:	
Financia	Financials Reports, including the Balance Sheet					
Minutes	Minutes of the Annual General Meeting					
Presider	nt & Secretary's Re	eport				
List of F	inancial Members	, signed by the President and	/ or Secretary			
Attache	d details of any ot	her information you consider	necessary			
Signatu	re:			Date:	•	
Position	held as above:			•		
	LIST OF	FINANCIAL MEMBERS				
Initial	Surname	Membership No	Address		Category	
		·				
	1	1	I		I	

 ${\sf Category\ legend: A-Associate, C-Concession, CJ-Concession\ Joint,\ J-Joint,\ Jnr-Junior,\ O-Ordinary}$

DECLARATION					
	Signature:	Date:			
	Position held as above:				



Se						
2. ANNUAL REPORT PROFIT & LO	SS STATEM	ENT				
Affiliate Name:						
Membership No:						
Our Financial Statement presented of	nt our Annual	General Meeting held on:			(Date)	is shown hereunder.
Profit & Loss Statement for the perio	od form:		(Date)	to		(Date)
INCOME			EXPENDITURE	•		
From Shows/Trials		1	From Shows/Trials	<u> </u>		
Entry Fees	\$	1	Prizes, Trophies & F	Ribbons	\$	
Catalogue Sales	\$		Judges' Expenses		\$	
Catering Receipts	\$		Gifts Fees Accommo	odation	\$	
Other Show Income	\$	(Catalogue Expenses	5	\$	
Other		(Catering Expenses		\$	
Membership Fees	\$	(Ground Hire		\$	
Function Receipts	\$		Exhibitor Levies		\$	
Other Fundraising	\$	(Other Show Expens	es	\$	
Activity Receipts	\$	(Other		•	
Newsletter (Advertising, etc)	\$	1	Affiliation Fees		\$	
Interest from Investments	\$	1	Function Costs		\$	
Donations	\$	(Other Fundraising		\$	
Other Income		1	Activity Costs		\$	
	\$	1	Newsletter Costs		\$	
	\$	1	Depreciation		\$	
	\$	1	Printing & Stationa	ry	\$	
	\$		Secretary's Expense	S	\$	
	\$		Stamps, telephone,	etc	\$	
	\$	1	Meeting Room Hire		\$	
	\$	1	Bank Fees & Charge	es	\$	
	\$	1	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	\$			
	No	on-Current Assets:				
\$		Land & Building	\$			
\$		Vehicles	\$			
\$		Equipment	\$			
\$		Sub Total	\$			
\$		TOTAL ASSETS	\$			
	Cr	urrent Liabilities:				
\$	Д	Accrued Liabilities	\$			
\$	NET	NET ASSETS THIS YEAR				
		Funds:				
\$	Bala	\$				
\$	Ad	\$				
\$	0	\$				
\$	NET	\$				
AUDITOR'S DECLARATION						
I,						
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, (<i>Treasurer</i>) 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:						