

CHE	ECKLIST 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	Anural Report Cover Sheet						
2	Profit & Loss Statement						
3	Balance Sheet						
4	Assets Register						

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 REPOR	T COVER SHEET								
Affiliate Name:									
Membership No:									
Insurance With:	Insurance With: DOGS NSW: Other:			her: If Other,		If Other, a c	copy of the Insurance Policy is required.		
The following Office	Bearers were elected	d at the Annual (I General Meeting	g held on:				(Date)	
PRESIDENT									
☐ Miss ☐ Ms ☐	Mrs Mr Oth	er (please spec	ify):						
First Name:					Last Name:				
Email:					Membership No:				
Address:									
State:			Postcode:		Country (if overseas):				
Phone (H):			Phone (B):				Phone (M):		
SECRETARY									
☐ Miss ☐ Ms ☐	Mrs Mr Oth	er (please spec	ify):						
First Name:					Last Name:				
Email:					Membe	ership No:			
Postal Address:									
State:			Postcode:	Postcode:			Country (if overseas):		
Phone (H):			Phone (B):	Phone (B):			Phone (M):		
1st VICE PRESIDEN	Т		-				,		
☐ Miss ☐ Ms ☐	Mrs Mr Oth	er (please spec	ify):						
First Name:					Last Na	me:			
Email:					Membe	ership No:			
Address:									
State:			Postcode:	Postcode:			Country (if overseas):		
Phone (H):			Phone (B):	Phone (B):			Phone (M):		
2 nd VICE PRESIDEN	IT								
☐ Miss ☐ Ms ☐	Mrs Mr Oth	er (please spec	ify):						
First Name:				Last Name:		me:			
Email:				Membership No:					
Address:					•				
State:			Postcode:	Postcode:			Country (if overseas):		
Phone (H):			Phone (B):	Phone (B):			Phone (M):		
TREASURER									
☐ Miss ☐ Ms ☐	Mrs Mr Oth	er (please spec	ify):						
First Name: Last Name:									
Email:				Membership No		ership No:	No:		
Address:									
State:		Postcode: Country (if overseas):							
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:							
			ere presented at our Annual General M	eeting held on the above date:			
Financia							
Minutes							
	t & Secretary's Repor						
		ned by the President & Secretary					
Attachea	l details of any other	information you consider necessar	у				
Signatur	e:			Date:			
Position	held as above:						
LIST OF	FINANCIAL MEMB	ERS					
Initial	Surname	DOGS NSW Membership No	Address				
DECLAS	ATION						
DECLAR							
Signatur				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 Statemer	nt for the period fo	orm:	(Date)	to		(Date)
INCOME			EXPENDITURE			
From Shows/Trials			From Shows/Trials			
Entry Fees		\$	Prizes, Trophies & Ribbons		\$	
Catalogue Sales		\$	Judges' Expenses		\$	
Catering Receipts		\$	Gifts Fees Accommod	Accommodation \$		
Other Show Income		\$	Catalogue Expenses		\$	
Other				atering Expenses		
Membership Fees		\$	Ground Hire		\$	
Function Receipts		\$	Exhibitor Levies		\$	
Other Fundraising		\$	Other Show Expenses	<u> </u>	\$	
Activity Receipts		\$	Other			
Newsletter (Advertisi		\$	Affiliation Fees		\$	
Interest from Investm	nents	\$	Function Costs		\$	
Donations		\$	Other Fundraising		\$	
Other Income			Activity Costs		\$	
		\$	Newsletter Costs		\$	
		\$	Depreciation		\$	
		\$	Printing & Stationary		\$	
		\$	Secretary's Expenses		\$	
		\$	Stamps, telephone, et	tc	\$	
		\$	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	/e:					

3. ANNUAL REPORT BALANCE SHEET



0							
Affiliate Name:							
Membership No:							
Balance Sheet as at:						(Date)	
V						V	
Year			Λεσ	ets:		Year	
\$				at Bank		\$	
\$				tment		\$	
\$						\$	
\$				Deposits		\$	
\$				yments		\$	
\$				Total		\$	
*				ent Assets:			
\$				Building		\$	
\$				nicles		\$	
\$						\$	
\$				oment		\$	
\$				Total		\$	
•				ASSETS		•	
\$				Liabilities:		£	
\$		Accrued Liabilities				\$	
>				S THIS YEAR		•	
¢				nds:		ć	
\$				at 30 th June		\$	
\$		Add Surplus & Deficit				\$	
\$		Other Adjustments				\$	
\$			NET ASSET	S THIS YEAR		\$	
AUDITOR'S DECLARAT	TION						
I,		(Auditor)	being a member of			(Professional Body)	
of				l		(Auditor Address)	
have been engaged by						(Affiliate Name)	
for the Financial Year er	nd					(Date)	
Except for my involvem	ent in underta	aking the audit, I ar	n not otherwise conc	erned with the managem	ent of, nor am	I an employee, Office Bearer	
or otherwise associated	with					(Affiliate Name)	
In my opinion, the Finar	ncial Statemer	nts of				(Affiliate Name)	
are properly drawn up s	so as to give a	true and fair view o	of the Balance Sheet I	for the year ended		(Date)	
and the Income and Expe	enditure Stater	ment for the year en	ded. We certify that th	e attached Financial State	ment and abov	e Balance Sheet is an	
exact copy of that submi	tted at our Anr	nual General Meetin	g held on			(Date)	
Auditor Name:							
Signature:					Date:		
DECLARATION							
Treasurer Signature:				Date:			
Treasurer Name:	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