

CHECKLIST

DOGS NSW AFFILIATE ANNUAL REPORT

Affiliate Name:

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					
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.



1. ANNUAL REPORT COVER SHEET											
Affiliate Name:	Affiliate Name:										
Membership No:	Membership No:										
Insurance With:	nce With: DOGS NSW: Other: If Other, a copy of the Insurance Policy is required.						copy of the Insurance Policy is required.				
The following Offic	The following Office Bearers were elected at the Annual General Meeting held on: (Da.)										
PRESIDENT											
Miss Mrs Mr Other (please specify):											
First Name:											
Email:											
Address:											
State:			Postcode:				Country (if overseas):				
Phone (H):			Phone (B)	:			Phone (M):				
SECRETARY			I								
Miss Ms [Mrs Mr] Other (please	specify):								
First Name:					Last Na	ime:					
Email:					Membership No:						
Postal Address:											
State:			Postcode:				Country (if overseas):				
Phone (H):			Phone (B)	:		Phone (M):					
1 st VICE PRESIDE	NT						L				
Miss Ms [Mrs Mr	Other (please	specify):								
First Name:					Last Na	ime:					
Email:					Membe	ership No:					
Address:							1				
State:			Postcode:	Postcode:			Country (if overseas):				
Phone (H):			Phone (B)	Phone (B):			Phone (M):				
2 nd VICE PRESIDE	NT										
Miss Ms [Mrs Mr	Other (please	specify):								
First Name:					Last Name:						
Email:					Membership No:						
Address:											
State: Postcode:					Country (if overseas):						
Phone (H): Phone (Phone (B)	Phone (B):			Phone (M):				
TREASURER											
Miss Ms Mrs Mr Other (please specify):											
First Name: Last Name:											
Email:					Membership 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:									
Financials Reports, including the Balance Sheet									
Minutes of the Annual General Meeting									
President & Secretary's Report									
List of F	inancia	Members,	signed by the President & Sec	retary					
Attache	d detail	s of any oth	ner information you consider n	ecessary					
Signatu	re:				Date:				
Positior	n held a	s above:							
		LIST OF	FINANCIAL MEMBERS						
Initial	Surna	ime	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 perio				(Date)	to			(2 4(0)	(Date)	
							(2000)			
			EXPENDITURE							
				om Shows/Tria						
Entry Fees	\$			zes, Trophies &	Ribbor	าร		\$		
Catalogue Sales	\$			dges' Expenses				\$		
Catering Receipts	\$			ts Fees Accomn		on		\$		
Other Show Income	\$		Catalogue Expenses				\$			
Other				tering Expenses				\$		
Membership Fees	\$			ound Hire				\$		
Function Receipts	\$			hibitor Levies				\$		
Other Fundraising Activity Receipts	\$ \$			her Show Expen	ises		2	\$		
Newsletter (Advertising, etc)	۶ ۶			filiation Fees				\$		
Interest from Investments	\$			nction Costs						
Donations	\$			her Fundraising				\$		
Other Income	Ŷ		Activity Costs				\$			
	\$		Newsletter Costs				\$			
	\$ Depreciation			\$						
\$		Printing & Stationary				\$				
\$			cretary's Expens			9	\$			
\$		Sta	amps, telephone	e, etc		9	\$			
\$		Me	eeting Room Hii	re		9	\$			
\$		Bar	nk Fees & Char	ges		0	\$			
	\$		Do	onations			9	\$		
	\$		Ot	her Expenses						
	\$						9	\$		
	\$						9	\$		
	\$							\$		
	\$							\$		
	\$							\$		
	\$							\$		
	\$							\$		
	\$						-	\$		
	\$ \$							\$ \$		
	۶ ۶		C.I.I	b Total				\$		
Cub Tabal										
Sub Total	\$			rplus/Deficit		_		\$		
Total	\$		Tot	tal						
IMPORTANT NOTE: The Income & Expenditure Totals must match.										
DECLARATION										
Signature:					Da	te:				
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 30 th June	\$						
\$	Add Surplus & Deficit	\$						
\$	Other Adjustments	\$						
\$	NET ASSETS THIS YEAR	\$						

AUDIT	AUDITOR'S DECLARATION								
I,		(Auditor)	being a men	nber of	(Professional Body)				
of	(Auditor Address)								
have b	have been engaged by (Affiliate National Content of the second seco								
for the	for the Financial Year end								
Except	for my involvement in u	indertaking the audit,	l am not other	wise co	ncerned with the managem	ent of, nor	am I an employee, Office Bearer		
or oth	erwise associated with						(Affiliate Name)		
l can c	onfirm that the Affiliated	d body mentioned abo	ve has been p	rovided	with an audit report of the	ir financial	statements for the financial year		
to whi	ch this Annual Report ap	oplies.							
Audito	or Name:								
Signat	ure:					Date:			
DECLA	RATION								
I,	I, (<i>Treasurer</i>) hereby declare that the financial statements and balance sheet submitted with this								
report	report is an exact copy of those presented at our AGM held on Date:								
Treasu	rer Signature:				Da	te:			
	This completed application should be forwarded to: DOGS NSW, PO Box 632, St Marys NSW 1790 or <u>info@dogsnsw.org.au</u> Royal New South Wales Canine Council Ltd ABN 69 062 986 118 trading as DOGS NSW								

Phone 02 9834 3022 or email <u>info@dogsnsw.org.au</u>

Page 5 of 5