

2A. Ask the ACNC to review a decision



Purpose

Use this form to ask the ACNC to conduct an internal review of a decision it has made.

- An internal review means that the ACNC will review the decision. Under the ACNC Act, many types of decisions must be internally reviewed before you can apply for a tribunal or a court to review the decision. For more information, including the types of decisions that can be internally reviewed, see the [Review and appeals policy](#).

When to submit

You must submit this form within 60 days of the date the decision was sent to you. Otherwise, you must ask for this time to be extended and explain why you did not submit this form within that time.

Instructions

- This form is fillable on your computer using the free [Adobe Acrobat Reader](#).
- You can also choose to print the blank form and fill it out by hand.
- Make sure the declaration is signed. Section D explains who can sign the declaration.
- Attach any additional information to this form (for example, if you need more space).

Section A: Organisation information

- You must answer all questions in this section. If your organisation is a registered charity, this information will appear on the ACNC Register.

1 What is your organisation's Australian Business Number (ABN)?

2 What is your organisation's name?

This is your organisation's formal name as it appears on the decision you want reviewed.

Section B: Decision for review

- You must answer all questions in this section.

3 What kind of decision do you want the ACNC to review?

- Refusal to register a charity or charity subtype
- Deregistering, or not deregistering, a charity or charity subtype
- Compliance or enforcement decision (for example, in relation to directions, administrative penalties, suspending or removing a responsible person)

4 What was the date of the decision?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

5 If more than 60 days have passed since the decision was sent to you, explain why you did not submit this form in time.

Attach more pages if required.

Section C: Reason for review

6 Explain in as much detail as you can why you believe the ACNC's decision should be reviewed

For example, explain why you do not agree with any reasons for the decision, or provide details of any incorrect information the decision was based on, provide any reference numbers relating to the decision. Attach more pages if required.

Section D: Declaration

Before you submit this form, check that you have provided true and correct information.

Penalties

Penalties may be imposed for giving false or misleading information.

Privacy

The information in this form is collected for the purpose of administering Part 7-2 of the *Australian Charities and Not-for-profits Commission Act 2012* (Cth). We will use this information to process your request to have a decision internally reviewed by the ACNC. In the event we decide to review the decision, we will also use the information collected on this form as part of that review process. If you do not provide us with the information requested on this form, we will be unable to process your request. Where authorised to do so, we may give this information to other government agencies (for example, through the use of the Charity Passport).

The ACNC's privacy policy is available on our website (www.acnc.gov.au). The policy contains important information about how you can access and request correction of information we hold about you, how you may complain about a breach of the Australian Privacy Principles and how the ACNC will deal with any privacy complaint. If you have any questions, our contact details are advice@acnc.gov.au, 13 22 62 or GPO Box 5108 Melbourne Victoria 3001.

Who can sign this form

This form must be signed by:

- a **Responsible Person** (such as a board or committee member or trustee), **or**
- an **authorised person** who holds a position in the charity that gives them authority to sign (such as a CEO or CFO), **or**
- an **agent** authorised by the charity to sign this form (such as a lawyer or an accountant), **or**
- **another registered charity** (lodging entity) that can legally change the governing rules of the charity in relation to a matter to which this form relates.

Name of person signing this form

Position held (for example, trustee, board or committee member, lawyer, accountant)

Preferred phone number (landline or mobile)

Email address (optional)

If you are acting on behalf of **another registered charity** (lodging entity) you will also need to complete the following fields.

Name of other charity

ABN of other charity

I am authorised to make this declaration. The information contained within this application is true and correct.

- ▶ If you are signing this form electronically, you must:
- use a digital ID
 - insert an image of your signature, or
 - draw your name.

Do not type your name in the signature field as the ACNC cannot accept this as a signature.

For further instructions on how to sign this form electronically, see the [forms section](#) of the ACNC website.

Signature

Date

Day

Month

Year

Lodging this form

Make a copy of this application (including any attachments) for your own records.

Email it to:
advice@acnc.gov.au

Send it to:
**Australian Charities and Not-for-profits Commission
GPO Box 5108
MELBOURNE VIC 3001**

Fax it to:
1300 232 569

For information call Advice Services on:
13ACNC (13 22 62)