

3D. Disclose perceived or actual material conflict of interest



Purpose

Use this form to disclose to the ACNC Commissioner that a Responsible Person of a registered charity has:

- a perceived material conflict of interest, or
- an actual material conflict of interest

➔ A Responsible Person's perceived or actual material conflict of interest only needs to be disclosed to the ACNC Commissioner if it cannot be disclosed to other people within the charity. For example, if the person with the conflict of interest is the charity's sole Responsible Person and member, the conflict of interest will need to be disclosed to the ACNC Commissioner using this form.

➔ A conflict of interest will be 'material' if a reasonable impartial observer would expect it to affect how the person with the conflict of interest would make a decision or exercise judgement. For more information about identifying material conflicts of interest, please see acnc.gov.au/conflictsofinterest.

➔ A perceived or actual material conflict of interest that must be disclosed includes a related party transaction. For more information about related party transactions, please see acnc.gov.au/relatedparty.

When to submit

Submit this form as soon as is practical after becoming aware of the perceived or actual material conflict of interest. Submitting this form promptly will help the charity to demonstrate that it complies with the ACNC Governance Standards.

Instructions

- Print this blank form and fill it out by hand in blue or black pen
- Make sure the declaration is signed. Section C explains who can sign the declaration.
- Attach any additional information to this form (for example, if you need more space to complete a response).

Section A: Charity information

⚠ You must answer all questions in this form.

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

2. What is your charity's name?
This is your charity's formal name as it appears on legal or other official documents.

5. Explain in detail the perceived or actual material conflict of interest.

Note: if the conflict of interest is of an ongoing nature, please state this in your answer. Attach more information if necessary.

Section B: Details

3. What is the name of the Responsible Person with the perceived or actual conflict of interest?

4. What position does this Responsible Person have in the charity?
For example, sole director and member, or sole trustee.

6. Explain how the charity manages the conflict of interest to ensure that its Responsible Persons carry out their duties in good faith in the charity's best interests.

Attach more information if necessary.

Section C: 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 the *Australian Charities and Not-for-profits Commission Act 2012* (Cth). We will use this information to assess your continued entitlement to registration. If you do not provide us with the information requested on this form, we will be unable to do this. 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 (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).

Name of person signing this form

Position held

For example, trustee, board or committee member, authorised person or agent

Preferred phone number (landline or mobile)

Email address (optional)

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

Signature

Date

Day

Month

Year

Submitting this form

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

Email it to:

intelligence@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:

13 ACNC (13 22 62)