

# 5B. Report false or misleading statement made to the ACNC



## Purpose

Use this form to tell the ACNC that a false or misleading statement has been made to the ACNC or under the ACNC Act.

You can also use this form to report errors in Annual Information Statements or financial reports given to the ACNC.

**!** If you submit this form before the ACNC asks about your charity's affairs, your charity will not have to pay a penalty.

## 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 C explains who can sign the declaration.
- Attach any additional information to this form (for example, if you need more space).

## Section A: Charity information

**!** You must answer all questions in this section. This information appears on the ACNC Register.

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

**2 What is your charity's legal name?**

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

## Section B: False or misleading statement

**!** You must answer all questions in this section. This information will not appear on the ACNC Register.

**3 When was the false or misleading statement made?**

If over a period of time, please indicate the start and end dates.

Starting:

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

Ending:

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

**4 What was the false or misleading statement?**

Identify the statement, who it was made to, and how and when it was made. Attach more information if necessary.

**5 Explain how this statement was false or misleading and why the statement was made** (for example, the wrong date was given by mistake)

**6 When did the charity become aware the statement was false or misleading?**

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

## 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). If you submit this form before the ACNC asks about your charity's affairs, your charity will not have to pay a penalty. 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 agencies (for example, through the use of the Charity Passport).

The ACNC's privacy policy is available on our website ([www.acnc.gov.au](http://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](mailto: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)**