

4B. Request group reporting

Purpose

Use this form to ask the Australian Charities and Not-for profits Commission (ACNC) to approve reporting of multiple charities as a group.

- Do not use this form if you want to submit an Annual Information Statement for multiple charities on a single form (for example, if you are a corporate trustee administering multiple trusts, or a denomination administration office for multiple religious charities).

For more information, see [Group reporting and bulk lodgement](#) on the ACNC website.

- ❗ If the ACNC approves your request for group reporting, the financial reporting obligations of the largest member of the group (by annual revenue) apply to the group as a whole. For example, from the 2022 Annual Information Statement reporting period, if the largest member of your group has annual revenue of \$3 million or more, the group's financial report must be audited. For more information, see the [Group Reporting Policy](#). Charities that report as part of a group may not be entitled to streamlined reporting arrangements between the ACNC and other regulators.

When to submit

You should submit this form

- during the reporting period or within six months of the reporting period ending, **and**
- before you submit your Annual Information Statement.

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

Section A: Reporting information

- ❗ You must answer all questions in this section. If your request is approved, this information will appear on the ACNC Register.

- 1 **From what date do you want to start group reporting?** (for example, if your reporting period starts on 1 July 2022, you should list 1 July 2022)

- The ACNC can approve group reporting for multiple reporting periods. If your request is approved, we will tell you the periods for which the group is approved. You must tell the ACNC if the circumstances set out in this

form change during that time (for example, if one of the charities listed is no longer a member of the group).

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

- 2 **Why are you using this form?** (tick one box only)

- ☐ To form a new reporting group.
- ☐ To add one or more members to your reporting group.
- ☐ To remove one or more members from your reporting group.

- ❗ You must notify the ACNC if you wish to dissolve a reporting group.
Email reporting@acnc.gov.au to do so.

- 3 **Which form of grouping are you applying for?** (tick one box only)

- Joint reporting is when the group submits one report for all the members of the group. This is the most common type of grouping. Collective reporting is reporting along certain lines of activity, rather than on an entity-by-entity basis.

- Joint ☐ Complete all questions on this form other than question 6
- Collective ☐ Complete all questions on this form, including question 6

Section B: Group reporting rationale

- ❗ You must answer all applicable questions in this section. The information provided here will not appear on the ACNC Register. Attach more pages if required.

- Before approving your request, the ACNC must also consider other matters, such as the implications for the ACNC's compliance requirements. For more information, see the [Group reporting policy](#) and [Group reporting conditions](#).

- 4 **How will reporting as a group help the public understand the group's activities and finances and improve the ability of the public to rely on this information?** (for example, public donations may be made to the group as a whole rather than each individual registered entity of the group)

- 5 **How (if at all) will reporting as a group affect your compliance and administrative costs?** (for example, having to provide individual reports may increase audit costs)

- 6 **If you selected 'collective' in question 2, on what basis would you like to collectively report?**
(for example, if your reporting group consists of affiliated registered entities that advance religion and relieve poverty, you may want to collectively group and report based on their religious and welfare functions)
Attach more pages if required.

- 7 **Do you have any other information that would support your application?**
(for example, consolidated financial statements, organisational chart, previous annual reports)

Note: The previous year's consolidated financial statements (where applicable) or annual report will assist the ACNC in processing your application. Further, in order for us to process your application you must ensure that you have lodged all applicable Annual Information Statements and uploaded the governing documents and responsible person details for each charity in the proposed group via the [ACNC Charity portal](#).

- ☐ Yes > Attach this information to this form
- ☐ No > No further action required

Section C: Who we should talk to

> Only complete this section if the person we should talk to about this form is not the person signing the form in Section E. Ensure you read the information on page 4 under Privacy before you complete this section. The information provided in this section will not appear on the ACNC Register. While this section is optional, the information will assist the ACNC should we need to discuss or verify any of the information provided on this form. Generally, the person listed in this section will have access to the Charity Portal to submit a Group Annual Information Statement after a reporting group is formed. If this section is blank, the person signing the declaration page will have the access.

- 8 **Name**

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

Given name(s)

- 9 **Preferred phone number (landline or mobile)**

- 10 **Email address**

- 11 **Relationship to group**

(for example, group's accountant, admin officer)

4B. Request group reporting

Section D: Group information

! You must complete this table. If your request is approved, the charities in your group will appear on the ACNC Register as a member of a group.

12 For each member of your proposed group, complete the information in the following table, or use the spreadsheet version available from reporting@acnc.gov.au.

Use the spreadsheet Schedule to this form if you have more than 20 members in your group.

! The ACNC will check whether the members of this group that are registered with the ACNC have provided their governing documents and details of Responsible People (members of the governing body) to the ACNC. Make sure this information is up-to-date before you submit this form by emailing it to reporting@acnc.gov.au.

- > Column A:** These numbers are provided to help you explain the relationship between group members in column D.
- Column B:** The name of the group member should be its formal name as it appears on legal or other official documents and on the ACNC Register.
- Column C:** Provide the group member's Australian Business Number (ABN).
- Column D:** Explain the relationship between this member and other group members. This should be based on the factors of control, affiliation and proximity (for example, the member is a wholly owned company of member of 1). For any subsequent changes to an existing ACNC group, please include the request to add or remove a group member in the Relationship column of the table below. To make this request, type 'add' or 'remove' in the applicable row of the table.

(A)	(B)	(C)	(D)
No.	Name	ABN	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

4B. Request group reporting



Section E: 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 collected in this form is collected for the purpose of administering the *Australian Charities and Not-for-profits Commission Act 2012* (Cth) (The ACNC Act). We will use this information to process your request for group reporting. If you do not provide us with the information requested on this form, we will be unable to do this. We will use this information to help us administer the ACNC Act, update our records about your charity and maintain the ACNC register. 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 group that gives them authority to sign (such as a CEO or CFO), **or**
- an **agent** authorised by the group 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 subject to this form.

! If you are signing this form as an agent, you must hold written authorisation from the charity to submit this form and a declaration from the charity that it has provided true and correct information for this purpose.

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

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 either:
- use a digital ID
 - insert an image of your signature
 - 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Lodging this form

Make a copy of this application for your own records.

Email it to:

reporting@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)