

**OFT USE ONLY**

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**Notice of Alteration of Objects or Rules**  
Associations Incorporation Act, 1984  
Section 20 (2)

**FEE: \$38 (GST FREE)**  
**ABN 54 625 095 406**

FORM 6

PLEASE COMPLETE IN BLACK INK AND USE BLOCK LETTERS

Incorporation Number:

1 N C 9 8 8 0 1 7 0

Name of Association: CAcert

Incorporated

The Association has:  Model Rules  Model Rules with Changes  Own Rules

At a General Meeting of the members of the incorporated association duly convened and held on the 17<sup>th</sup> day of Nov 2007 the resolution set out \*below/\* in the annexure marked SPECIAL RESOLUTION 1+2 was duly passed as a Special Resolution.

RESOLUTION

I, ROBERT RANGI CRUIKSHANK of 14 CECIL STREET DENISTON EAST Postcode 2112

Full Name of \*Public Officer/\*Committee Member

Residential address

Verify that:

(a) I am the duly appointed \*Public Officer/\*Committee Member of CAcert Incorporated

Name of Incorporated association

(b) The particulars contained in this notice are true;  
(c) The rules of the association accompanying this notice comply with the requirements of the Associations Incorporation Act, 1984 by providing for those matters specified in Schedule 1 and are amended in accordance with section II.

**Statement under the Privacy and Personal Information Protection Act:**

"I acknowledge that:

- the Office of Fair Trading is collecting and holding personal information supplied in this form for the purposes of the Associations Incorporations Act, 1984 and in particular, inclusion in a register maintained under that Act which is open to public inspection;
- the Office of Fair Trading may disclose personal information to other persons or bodies and receive information from them in respect of the purpose(s) for which I have lodged this form;
- the supply of the personal information is required under the Act and failure to supply and of it may result in this form being rejected;
- I have a right of access to, and correction of, the personal information supplied/collected from me."

22, 11, 2007

Dated

[Signature]

Signature of \*Public Officer/\*Committee Member

\*Delete where applicable

**Lodging Party:** Provide name and address of person/corporation lodging this application:

ROBERT CRUIKSHANK CAcert INC

14 CECIL ST DENISTON EAST

Postcode 2112 Telephone 02 80042649



FORM BM7A