

Audit Certificate

ıditor details									
Miss	Ms	Mrs	Mr X	Dr		Auditor Num	nber 5	6814	
Surname					Given Name(s)				
HINDS					IAN				
Address									
Street	Suite 5, F	First Floor,	240 Bay S	treet					
Suburb	BRIGHTO	ON			State	VIC	Postcode	e 3 ₁	8 6
eturn details									
Lodging entity	Natio	nal Union	of Workers	- Genera	al Branch				
Type of return	Associated Entity Return								
Return period	47.0	11 00 40 1	00.1	2040					
riciani penea	17 A	pril 2018 to	30 June 2	2018					
 I was given return or cl the return o I have exar certificate; I have rece 	stered compa n full and free aim and of th or claim. mined the acc sived all the in	any auditor un access at all I e relevant ent counts and do	reasonable tin ity, candidate cuments refer explanations	nes to the a or group re	2001. ccounts and doculating directly or in e previous paragra ed for in relation to	directly to a ma	tter require	d to be disclo	sed in
I have no re I acknowledge t If, in carryin contraventi the Electors	eason to think hat: ng out an aud ion of Part 13 al Commissio	any stateme lit to prepare t A by a relevar	nt in this declar his certificate at entity, cand otice of the ma	aration is no , I have bec idate or gro atter (sectio	ome aware of a maup, I must, within 1	7 days after bed	coming awa	ere of the matt	
Signature	duff					Date		S. July 2018	

Enquiries and lodgement to: Funding, Disclosure and Registration Branch Electoral Commission South Australia GPO BOX 646 Adelaide SA 5001

08 7424 7400

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