

Audit Certificate

Auditor details

Miss Ms Mrs Mr Dr Auditor Number **336 001**

Surname Given Name(s)
WEBB **GRAHAM**

Address
Street **LEVEL 40, 2 PARK STREET**
Suburb **SYDNEY** State **NSW** Postcode **2000**

Return details

Lodging entity **HEALTH SERVICES UNION**

Type of return **ASSOCIATED ENTITY RETURN**

Return period **1/1/2020 - 30/6/2020**

Declaration & Acknowledgement

I declare that:

- I am a registered company auditor under the *Corporations Act 2001*.
- I was given full and free access at all reasonable times to the accounts and documents of the agent responsible for giving the return or claim and of the relevant entity, candidate or group relating directly or indirectly to a matter required to be disclosed in the return or claim.
- I have examined the accounts and documents referred to in the previous paragraph that I considered material for giving the certificate;
- I have received all the information and explanations I have asked for in relation to any matter required to be stated in the certificate, subject to the following qualifications:

- Within the last 10 years, I have not been a member of a registered political party.
- I have no reason to think any statement in this declaration is not correct.

I acknowledge that:

- If, in carrying out an audit to prepare this certificate, I have become aware of a matter that is reasonably likely to constitute a contravention of Part 13A by a relevant entity, candidate or group, I must, within 7 days after becoming aware of the matter, give the Electoral Commissioner written notice of the matter (section 130ZW).
- Knowingly providing false or misleading information in a material particular is an offence (section 130ZZE(3)).

Signature

Asell

Date

6/7/20

Enquiries and lodgement to:

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

Telephone:

08 7424 7400

Fax:

08 7424 7444

Email:

ecsa.fad@sa.gov.au