

ASIC registered agent number 9984

**lodging party or agent name** AFS & Associates Pty Ltd

office, level, building name or PO Box no. \_\_\_\_\_

street number & name 61 - 65 BULL STREET

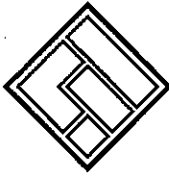
suburb/city BENDIGO state/territory VIC postcode 3550

telephone ( 03 ) 54430344

facsimile ( 03 ) 54435304

DX number \_\_\_\_\_ state/territory \_\_\_\_\_

ASS. ☐ REQ-A ☐  
CASH. ☐ REQ-P ☐  
PROC. ☐



Australian Securities &amp; Investments Commission

form **315**

Notification of  
**resignation, removal or cessation  
of auditor**

Corporations Act 2001  
**319(5)(a), 324(1) & (2), 327(4) & (15),  
329(11)(c), 330**

Company name LOGAN COMMUNITY FINANCIAL SERVICES LIMITED

A.C.N. 101 148 430

**Details of company**

(tick one box)

☐ public company ☐ proprietary company

**Details of resignation,  
removal or cessation**

- ☐ notice was received of the resignation of the auditor/s  
date of receipt of notice of resignation (d/m/y) 19 / 11 / 2007
- ☐ the auditor/s was/were removed from office  
date of removal (d/m/y) / /
- ☐ the auditor is deceased  
date of death (d/m/y) / /
- ☐ the auditor has been disqualified for reasons specified under section 324(1) or (2) of the Corporations Act 2001  
date of disqualification (d/m/y) / /
- ☐ the company is being wound up (refer section 330 of the Corporations Act 2001)  
date of resolution or date of Court Order (d/m/y) / /
- ☐ the company has become a subsidiary of another company (refer subsection 327(15) of the Corporations Act 2001)  
retired at AGM held (d/m/y) / /

**Details of resigning auditors**

name (family & given names) David Christopher Hutchings

or if a firm, business name Andrew Frewin & Stewart

office, level, building name \_\_\_\_\_

street number & name 61 - 65 Bull Street

suburb/city BENDIGO state/territory VIC postcode 3550

name (family & given names) \_\_\_\_\_

or if a firm, business name \_\_\_\_\_

office, level, building name \_\_\_\_\_

street number & name \_\_\_\_\_

suburb/city \_\_\_\_\_ state/territory \_\_\_\_\_ postcode \_\_\_\_\_

**Signature**

I certify that the information in this form is true and complete.

print name \_\_\_\_\_ capacity \_\_\_\_\_

sign here \_\_\_\_\_ date / /

Small Business (less than 20 employees),  
please provide an estimate of the time taken  
to complete this form

**Include**

- The time actually spent reading the instructions, working on the question and obtaining the information
- The time spent by all employees in collecting and providing this information

hrs mins