

Audit Certificate

FD21

Auditor details

Miss.

Ms

īrs .

X

Auditor Number

194674

Surname

WITHERS

Given Name(s)

DAN RAMON

Address

Street

4 FREDERICK ST

Suburb FREWVILL

State

SA

Postcode 50 63

Return details

Lodging entity

ALP

HOLOINGS

Pay Le

Type of return

ASSOCIATED

ENTITY

RETURN

Return period

/1/2023 TO 30/6/2023

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:

NO 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 the 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

Down Withers

Date 28/7/2023

Enquiries and lodgement to:

Adelaide SA 5001

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

Telephone: Fax:

Email:

08 7424 7400 08 7424 7444 ecsa.fad@sa.gov.au