



Notice of Change of Details of Co-operative Officers Form C8

Co-operatives National Law (ACT) Act 2017- Section 216

Co-operatives National Law (ACT) Regulation 2017-Clause 3.5

PURPOSE

This form is to be used when a proposed cooperative wishes to register as a cooperative under the *Co-operatives National Law (ACT) Act 2017* (the Act). You can access the legislation at <u>www.legislation.act.gov.au</u>. You may also obtain further information and forms at <u>www.act.gov.au/accessCBR</u>.

PRIVACY

The Act authorises the Registrar to collect the personal information required by this form for the purposes of registering a cooperative under the Act. The Registrar prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Registrar provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. The Act provides for some information about cooperatives to be publicly available.

THINGS TO KNOW BEFORE STARTING YOUR APPLICATION

- This form must be used to notify changes in the following details of a co-operative or a subsidiary of a co-operative:
- > the appointment of a new secretary, chief executive officer or director (part 3 or part 4);
- > the cessation of appointment of a secretary, chief executive officer or director (part 5 or part 6);
- change to the address of an existing director, secretary or chief executive officer (part 7); and/or
- > change of name of an existing director, secretary or chief executive officer (part 8).
- This form must be lodged within **28 days** of the change.

Note: Most co-operatives will need to complete this form after each annual general meeting.

HOW TO COMPLETE THIS FORM

- Please use a blue or black pen and print clearly using block letters.
- Complete all parts of the form and the contact details in all cases.
- Attachments are required as part of this application. Refer to the documents checklist at part 12 of this form.

FEES AND HOW TO PAY

• There is no prescribed fee for this application.

WHAT HAPPENS WHEN YOU LODGE YOUR APPLICATION

• The form will be reviewed. You will be notified in writing if further information is required.

Post:

- When the form is completed correctly, the information will be recorded on the Register of Co-operatives. Confirmation the information
 has been recorded will be provided on request.
- If any change occurs in the information you have provided in this form, you must notify Access Canberra as soon as possible.

The Co-operatives National Law (ACT) 2017 can be found at the Appendix to the NSW Co-operatives (Adoption of National Law) Act 2012.

The above information is intended as a guide only and is included to assist you in completing and lodging this form. This page is not part of the form. If required, professional advice should be obtained regarding the matters dealt with in this form.

LODGEMENT AND CONTACT INFORMATION

accesscanberra.bil@act.gov.au

Email:

Access Canberra Cooperatives Registration GPO Box 158 Canberra, ACT 2601 In Person: Please visit <u>www.act.gov.au/accessCBR</u> Or call **132281** to find an Access Canberra Service Centre

TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.





Notice of Change of Details of Co-operative Officers Form C8

Co-operatives National Law (ACT) Act 2017- Section 2016 Co-operatives National Law (ACT) Regulation 2017-Clause 3.5

Details of co-operative

1. Provide details of the co-operative	
Co-operative registration number	
Name of co-operative	

Type of change

2. W	2. What type of change are you notifying? (choose all that apply)							
	Appointment of new secretary or chief executive officer - complete part 3.							
	Appointment of new director - complete part 4.							
	Ceasing secretary or chief executive officer - complete part 5.							
	Ceasing directors - complete part 6.							
	Change of name for existing secretary, director or chief executive officer - complete part 7.							
	Change of address for existing secretary, director or chief executive officer - complete part 8.							

Appointment of secretary or chief executive officer

3. Provide details of appointment of secretary or chief executive officer									
Secretary									
Given names(s) (in full)									
Surname									
Address (Property Name, Unit, Flat No, Street Number, St	treet Name)								
Suburb / Town	State / Territory			Postcode					
Date of birth (dd/mm/yyyy)	/ /		Place of bi	rth					
Date appointed (dd/mm/yyyy)	/ /								
Also appointed director?	Yes, date appoir	nted /	/		10				
Email address									

Chief Executive (Officer	-						
Given names(s) ((in full)							
Surname								
Address (Property	Name, Unit, Flat No, Street Number, St	treet Name)						
Suburb / Town		State / Territo	ory			Postco	ode	
Date of birth (dd	l/mm/yyyy)	/	/		Place of bir	th		
Date appointed	(dd/mm/yyyy)	/	/					
Also appointed o	director?	🗌 Yes, date	appointed	/	' /] No	
Email address								
Appointme	nt of directors							
	etails of new directors 4 directors, attach a separate l	ict with the add	itional data	ils as spec	ified below			
Director	4 unectors, attach a separate i	ist with the add		iis as spec	illeu below.			
Given names(s) ((in full)							
Surname								
Address (Property	Name, Unit, Flat No, Street Number, St	treet Name)						
Suburb / Town		State / Territo	ory			Postcod	е	
Occupation								
Date of birth (dd	l/mm/yyyy)	/	/		Place of bir	th		
Date appointed	(dd/mm/yyyy)	/	/					
Email address								
Director								
Given names(s)	(in full)							
Surname								
Address (Property	Name, Unit, Flat No, Street Number, St	treet Name)						
Suburb / Town		State / Territo	ory			Postcod	e	
Occupation							1	
Date of birth (dd	l/mm/yyyy)	/	/		Place of bir	th		
Date appointed	(dd/mm/yyyy)	/	/					
Email address								

Director	Director									
Given names(s) ((in full)									
Surname										
Address (Property	Name, Unit, Flat No, Street Number, St	treet Name)								
Suburb / Town		State / Terri	tory		Postcode					
Occupation										
Date of birth (dd	l/mm/yyyy)	/	/	Place of bi	rth					
Date appointed	(dd/mm/yyyy)	/	/	·						
Email address										
Director		1								
Given names(s) ((in full)									
Surname										
Address (Property	Name, Unit, Flat No, Street Number, St	treet Name)								
Suburb / Town		State / Terri	tory		Postcode					
Occupation										
Date of birth (dd	l/mm/yyyy)	/	/	Place of bi	rth					
Date appointed	(dd/mm/yyyy)	/	/							
Email address										
Cessation of	Cessation of secretary or chief executive officer									
5. Provide de	tails of ceasing secretary	or chief exe	ecutive offic	er						
Secretary										

Given names(s) (in full)	
Surname	

Address (Property Name, Unit, Flat No, Street Number, Street Name)

Suburb / Town		State / Territor	ſ¥			Postco	ode	
Date of birth (dd	/mm/yyyy)	/	/		Place of bi	rth		
Date ceased (dd/	/mm/yyyy)	/	/					
Also ceasing as director?		Yes, date o	ceased	/	/	1	No	
Email address								

Chief Executive Officer								
Given names(s) (in full)								
Surname								
Address (Property Name, Unit, Flat No, Street Number, St	reet Name)							
Suburb / Town	State / Territory			Postcode				
Date of birth (dd/mm/yyyy)	/ /		Place of birth					
Date ceased (dd/mm/yyyy)	/ /							
Also ceasing as director?	Yes, date ceas	sed /	/	No				
Email address								
Cessation of directors								

6. Provide details of ceasing directors.								
If more than 4 directors, attach a separate list with the additional details as specified below.								
Director								
Given names(s) (in full)								
Surname								
Date of birth (dd/mm/yyyy)	/	/		Place of birth				
Date ceased (dd/mm/yyyy)	/	/						
Email address								

Director							
Given names(s) (in full)							
Surname							
Date of birth (dd/mm/yyyy)	/	/		Place of birth			
Date ceased (dd/mm/yyyy)	/	/					
Email address							

Director							
Given names(s) (in full)							
Surname							
Date of birth (dd/mm/yyyy)	/	/		Place of birth			
Date ceased (dd/mm/yyyy)	/	/					
Email address							

Director							
Given names(s) (in full)							
Surname							
Date of birth (dd/mm/yyyy)	/	/		Place of birth			
Date ceased (dd/mm/yyyy)	/	/					
Email address							

Changes of name of existing officer

7. To be completed if the name of an existing officer (director, secretary or chief executive officer) has						
changed.						
If more than 1, attach a separate list with the additional details as specified below.						
Officer's name previously notified						
New given name (if applicable)						
New surname (if applicable)						
Date of birth (dd/mm/yyyy)	/	/				
Position (office) held						
Date of change (dd/mm/yyyy)	/	/				
Email address						

Changes of address of existing officer

8. To be completed if the residential address of an existing officer (director, secretary or chief executive officer) has changed.

If more than 1, attach a separate list with the additional details as specified below.

Officer's name							
Date of birth (dd,	/mm/yyyy)	/	/				
Position (office)							
New residential address (Property Name, Unit, Flat No, Street Number, Street Name)							
Suburb / Town		State / Territ	ory			Postcode	
Date of change (dd/mm/yyyy)		/	/				
Email address							

Declaration and signature

9. I declare that:

- I am a current office holder of the co-operative and I am authorised by the co-operative to notify these changes.
- The particulars contained in this form and any attachments are true and correct I acknowledge that it is an offence under section 514 of the *Co-operatives National Law (ACT)* to give the Registrar a document containing false or misleading information.
- The officers named in this form have been advised that:
 - Information in this document will be placed on a register open to the public as required by the Co-operatives National Law (ACT).
 - > They have a right to seek access to and correction of information supplied.
 - > They can apply to the Registrar of Co-operatives to have their personal information suppressed.

Signature					
Printed name					
Date of signing (dd/mm/yyyy)	/	/			
Position (office) held					

Who should Access Canberra contact if there is a query about this form? (NOTE: This information is not going to be made public)

Given names(s) (in ful	I)					
Surname						
Address (Property Nar	Address (Property Name, Unit, Flat No, Street Number, Street Name)					
Suburb / Town		Sate / Territory		Postcode		
Daytime telephone number						
Email address						