

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 www.legislation.act.gov.au. You may also obtain further information and forms at www.act.gov.au/accessCBR.

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

- Do not complete this form if you are merging 2 or more co-operatives or transferring engagements. Instead, you will need to complete form C2 or C3 as appropriate. Those forms are available on the Access Canberra website.
- A draft formation disclosure statement is required for:
 - all proposed distributing co-operatives.
 - a proposed non-distributing co-operative if directed by the Registrar.

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.**
- Attachments are required as part of this application. Refer to the document checklist at part 9.

FEES AND HOW TO PAY

- There is no prescribed fee for this application.

WHAT HAPPENS WHEN YOU LODGE YOUR APPLICATION

- The application and attachments will be reviewed. You will be notified in writing if further information is needed, or in the case of a non-distributing co-operative a disclosure statement is required.
- When the form is completed correctly and all necessary documents are attached, within 28 days you will receive notification of the next steps in the registration process.
- If any change occurs in the information you have provided in your application, you must notify Access Canberra as soon as possible.

The *Co-operatives National Law* can be found at the Appendix to the NSW Co-operatives (Adoption of National Law) Act 2012. - <http://www.legislation.nsw.gov.au/#/view/act/2012/29>

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.

LODGE MENT AND CONTACT INFORMATION

Email:
accesscanberra.bil@act.gov.au

Post:
Access Canberra
Cooperatives Registration
GPO Box 158
Canberra, ACT 2601

In Person:
Please visit www.act.gov.au/accessCBR
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.

Applicant					
1. Who is making this application?					
Given names(s) (in full)					
Surname					
Address <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>					
Suburb / Town		State / Territory		Postcode	
Daytime telephone number					
Email address					
Details of proposed co-operative					
2. Are you (choose one option only):					
<input type="checkbox"/> A new proposed co-operative with no previous incorporation					
<input type="checkbox"/> An existing body proposing to be a co-operative (e.g. corporation, incorporated association, indigenous corporation)					
3. Will the proposed co-operative be (choose one option only):					
<input type="checkbox"/> A stand alone co-operative with individual members					
<input type="checkbox"/> A co-operative group comprising two or more co-operative members that will remain separately registered					
4. What will be the name of the proposed merged co-operative?					
<p>The name you propose will not be accepted if it is deemed unsuitable, or similar or identical to an existing name. To check to see if your name already exists or is similar you can search ASIC's Organisation and Business Names Register. The name must include 'Co-operative', 'Cooperative', 'Co-op' or 'Coop' and must end in 'Limited' or 'Ltd'. You will be contacted if the name is unavailable.</p>					
Proposed name					
5. What type of co-operative are you proposing to form? (Choose one option only)					
<input type="checkbox"/> A distributing co-operative with share capital Distributing co-operatives may give returns or distributions on surplus or share capital to members.					
<input type="checkbox"/> A non-distributing co-operative that has share capital These co-operatives are prohibited from giving returns or distributions on surplus or share capital to members, other than the nominal value of shares at winding up.					
<input type="checkbox"/> A non-distributing co-operative that has no share capital These co-operatives are prohibited from giving returns or distributions on surplus to members.					

Details of the co-operative

6. What will be the purpose of the co-operative and how will the co-operative operate?

(if insufficient space, additional page(s) can be annexed to this form)

7. What will be the financial obligations and financial involvement of members?

(if insufficient space, additional page(s) can be annexed to this form)

This part must include details of:

Minimum and maximum shareholding (if applicable) Entrance fees

Annual subscriptions

Any other financial contributions or financial involvement of members

8. What will the members be involved in the co-operative's activities?

(if insufficient space, additional page(s) can be annexed to this form)

Document checklist

9. Your application cannot be processed without the following documents:

For all applicants:	
<input type="checkbox"/>	A draft of the proposed rules for the co-operative (including active membership provisions).
<input type="checkbox"/>	The projected income and expenditure of the co-operative for the first year of operation.
<input type="checkbox"/>	<p>If you are proposing to be a distributing co-operative, you must also attach a copy of the draft formation disclosure statement for the co-operative. A template disclosure statement is available on the Access Canberra website. The disclosure statement for a distributing co-operative must contain the information necessary to ensure prospective members are adequately informed of the nature and extent of a person's financial involvement or liability as a member of the co-operative, including as far as applicable:</p> <ul style="list-style-type: none"> the estimated costs of formation, the active membership provisions of the proposed co-operative, the rights and liabilities attaching to shares in the proposed co-operative, the capital required for the co-operative at the time of formation, the projected income and expenditure of the co-operative for its first year of operation, information about any contracts required to be entered into by the co-operative, any other information that the Registrar directs to be included. <p>Non-distributing co-operatives are not required to provide a disclosure statement unless directed by the Registrar.</p>

Certification and signature

10. I certify that:

- I am lodging this form as a written notice of intention to apply for registration as a co-operative.
- 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 proposed co-operative has the prescribed number of active members.

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 full)					
Surname					
Address (Property Name, Unit, Flat No, Street Number, Street Name)					
Suburb / Town		State / Territory		Postcode	
Daytime telephone number					
Email address					