



Application to Approve Merger of Co-operatives Form C6

Co-operatives National Law (ACT) Act 2017 – Section 399 and 479

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

Before applying for approval of a merger each co-operative must send to each of its members a disclosure statement approved by the Registrar. If you have not already had the disclosure statement approved by the Registrar you must first complete an 'Application to Approve Co-operative Name and Disclosure Statement for Merger of Co-operatives' form available on the Access Canberra website.

Before making this application, the proposed merger must have been approved by each of the co-operatives by:

- a special resolution passed by a special postal ballot; or
- a resolution of the board of the co-operative if you have been previously granted consent 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 in all cases.**
- Attachments are required as part of this application. Refer to the documents checklist at part 12.

FEES AND HOW TO PAY

- There is no prescribed fee for this application.

WHAT HAPPENS WHEN YOU LODGE YOUR APPLICATION

- The application will be reviewed. You will be notified by email if further information is required.
- If your application is approved, the co-operative will be registered and you will receive an electronic confirmation of registration.
- If your application is refused, you will receive written notification of the reasons.
- 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 (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

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.



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Details of proposed merged co-operative

1. Name of proposed merged co-operative

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2. List all co-operatives proposing to merge

Name of co-operative	Where registered (Australian state)	Registration number

Note: If more than 5 co-operatives, attach a separate list with the additional co-operative details as requested above.

3. Date formation meeting held (dd/mm/yyyy)

/ /

4. Type of co-operative

- A distributing co-operative with share capital
- A non-distributing co-operative that has share capital
- A non-distributing co-operative that has no share capital

5. What is the address of the proposed co-operative's registered office? *(This must be located in Australian Capital Territory and must be a street address. PO boxes cannot be accepted.)*

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

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Suburb / Town

State / Territory

Postcode

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6. What is the postal address of the proposed co-operative's? (Can be a PO Box)		
Same as registered office		
<input type="checkbox"/> Yes	<input type="checkbox"/> No, specify different address below	
Postal Address (PO Box Number, Property Name, Unit, Flat No, Street Number, Street Name)		
Suburb/ Town	State / Territory	Postcode

7. Co-operative contact number and email	
Daytime telephone number	
Email address to receive all electronic correspondence	

8. Date of financial year end (mm/yyyy) (As set out in the co-operative's rules)
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9. For the first financial year of the proposed co-operative is it estimated	
The co-operative will issue shares to more than 20 prospective members during the financial year and the amount raised in that year by the issue of those shares will exceed \$2 million?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The co-operative will have securities on issue to non-members other than: <ul style="list-style-type: none"> • shares in the co-operative; and • securities issued in respect of the co-operative's obligations under section 163 of the Law. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
The consolidated revenue of the co-operative and the entities it controls (if any) calculated in accordance with accounting standards, will be \$8 million or more at the end of the financial year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The value of the consolidated gross assets of the co-operative and the entities it controls (if any) calculated in accordance with accounting standards, will be \$4 million or more at the end of the financial year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The number of employees of the co-operative and the entities it controls (if any) will be 30 or more at the end of the financial year. (In counting employees, part-time employees are to be taken into account as an appropriate fraction of a full-time equivalent.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Provide details of the directors elected to the co-operative board at the formation meeting.

*(At least 2 board members **must** be resident in Australia. If more than 5 board members, attach a separate list with the additional board member details as specified below.)*

Director					
Given names(s) (in full)					
Surname					
Address <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>					
Suburb / Town		State / Territory		Postcode	
Occupation					
Date of birth (dd/mm/yyyy)		/	/	Place of birth	
Email address					

Director					
Given names(s) (in full)					
Surname					
Address <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>					
Suburb / Town		State / Territory		Postcode	
Occupation					
Date of birth (dd/mm/yyyy)		/	/	Place of birth	
Email address					

Director					
Given names(s) (in full)					
Surname					
Address <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>					
Suburb / Town		State / Territory		Postcode	
Occupation					
Date of birth (dd/mm/yyyy)		/	/	Place of birth	
Email address					

Director					
Given names(s) (in full)					
Surname					
Address <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>					
Suburb / Town		State / Territory		Postcode	
Occupation					
Date of birth (dd/mm/yyyy)		/	/	Place of birth	
Email address					

Director					
Given names(s) (in full)					
Surname					
Address <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>					
Suburb / Town		State / Territory		Postcode	
Occupation					
Date of birth (dd/mm/yyyy)		/	/	Place of birth	
Email address					

11. Co-operative Secretary					
<i>The co-operative must have a secretary, who must be resident in Australia.</i>					
Secretary					
Given names(s) (in full)					
Surname					
Address <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>					
Suburb / Town		State / Territory		Postcode	
Occupation					
Date of birth (dd/mm/yyyy)		/	/	Place of birth	
Email address					
Also a director?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

12. Chief Executive Officer (Optional)

The co-operative is to have a chief executive officer (CEO) please provide details here.

Chief Executive Officer

Given names(s) (in full)

Surname

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

Suburb / Town

State / Territory

Postcode

Occupation

Date of birth (dd/mm/yyyy)

/ /

Place of birth

Email address

Also a director?

Yes No

Document checklist

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

2 copies of the proposed rules of the merged co-operative. Both copies must be signed and certified by the persons who acted as chairperson and secretary at the formation meeting.

Declaration and signature

14. I declare that:

- I am authorised to lodge this application on behalf of all co-operatives proposing to merge and all co-operatives involved in the merger have passed a special resolution by special postal ballot or, if approved by the Registrar, a resolution of the board approving the proposed merger.
- There have been no changes, additions or omissions to the disclosure statement(s) approved by the Registrar under sections 397 or 477 of the *Co-operatives National Law (ACT)* sent to each of the co-operatives' members.
- I certify there is no good reason why the merger should not take effect.
- No director of the proposed merged co-operative is disqualified under sections 181 and 182 of the *Co-operatives National Law (ACT)*.
- At least two directors of the proposed merged co-operative are ordinarily resident in Australia in accordance with s172 of the *Co-operatives National Law (ACT)*.
- The proposed merged co-operative has the prescribed number of active members in accordance with the *Co-operatives National Law (ACT)*.
- The primary and majority of activities of the proposed merged co-operative will be conducted in Australian Capital Territory.
- The particulars contained in this application and other documents are true and correct. I acknowledge that it is an offence under section 514 of the *Co-operatives National Law (ACT)* to provide the Registrar with false or misleading documents.

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 (<i>Property Name, Unit, Flat No, Street Number, Street Name</i>)					
Suburb / Town		State / Territory		Postcode	
Daytime telephone number					
Email address					