

## 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](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.act.gov.au/accessCBR](http://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

- The co-operative's registered office must be located in Australian Capital Territory.
- This form must be used to notify change of the address of the co-operative's registered office.
- This form must be lodged within 28 days of the change.
- This form can also be used to notify change of postal address, principal place of business or contact details for the co-operative.

## HOW TO COMPLETE THIS FORM

- Please use a blue or black pen and print clearly using block letters.
- Ensure the relevant parts of the form are completed.
- **Complete parts 1, 2 and 7 of the form and the contact details in all cases.**
- Complete parts 3, 4, 5 and 6 as appropriate.

## 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.
- 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

**Email:**  
[accesscanberra.bil@act.gov.au](mailto: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](http://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.



# Notice of Change of Registered Office Address Form C8A

Co-operatives National Law (ACT) Act 2017- Section 226

## Details of co-operative

<b>1. Provide details of the co-operative</b>	
Co-operative registration number	
Name of co-operative	

## Type of change

<b>2. What type of change are you notifying? (choose all that apply)</b>	
<input type="checkbox"/>	Change of registered office address - complete <b>part 3</b>
<input type="checkbox"/>	Change of postal address - complete <b>part 4</b>
<input type="checkbox"/>	Change of principal place of business - complete <b>part 5</b>
<input type="checkbox"/>	Change to co-operative telephone or email contact details - complete <b>part 6</b>

## Registered office and/or postal addresses

<b>3. New registered office address of co-operative</b>				
Address (Property Name, Unit, Flat No, Street Number, Street Name) <b>Note: Address must be in Australian Capital Territory and be a street address.</b>				
Suburb / Town		State / Territory		Postcode
Date change (dd/mm/yyyy)		/	/	

<b>4. Postal address of co-operative</b>				
Address (Property Name, Unit, Flat No, Street Number, Street Name) <b>Note: Can be a PO Box</b>				
Suburb / Town		State / Territory		Postcode
Date change (dd/mm/yyyy)		/	/	

<b>5. New principal place of business of co-operative</b>				
Same as registered address	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, specify different address below)			
Address (Property Name, Unit, Flat No, Street Number, Street Name)				
Suburb / Town		State / Territory		Postcode

6. Co-operative contact details	
Daytime telephone number	
Email address to receive all electronic correspondence	

## Declaration and signature

7. I declare that:	
<ul style="list-style-type: none"> <li>I am authorised by the co-operative to notify these changes.</li> <li>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 <i>Co-operatives National Law (ACT) 2017</i> to give the Registrar a document containing false or misleading information.</li> </ul>	
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					