



Notice of Resignation, Removal or Cessation of Auditor Form C14

Co-operatives National Law (ACT) Act 2017- Section 300(3), 300 (4), 300(5), 310 & 311

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

- This form **must** be lodged within 14 days after:
 - the removal or cessation from office of an auditor of the co-operative; or
 - the receipt of a notice of resignation from an auditor of the co-operative.
- If the auditor resigned and the co-operative is a large co-operative, the auditor must first have obtained the Registrar's consent to the resignation.
- If the previous auditor was removed at a general meeting, a copy of the notice of intention to move the resolution to remove the auditor must have been lodged with the Registrar as soon as possible after receipt of the notice by the co-operative and before the general meeting.
- If there is a trustee for holders of debentures of the co-operative, the co-operative must give a copy of this notice to the trustee.
- If a new auditor has been appointed, the co-operative **must** complete and lodge Form C14A, Notice of Appointment of Auditor.

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.**

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

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 co-operative

1. Provide details of the co-operative

Co-operative registration number

Name of co-operative

Auditor details

2. Details of auditor to whom resignation, removal or cessation applies

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

Details of resignation, removal or cessation

3. Under which circumstances is the auditor no longer auditing the co-operative (choose one option only)

| | | | | |
|--------------------------|--------------------------------|---|---|---|
| <input type="checkbox"/> | Resignation | / | / | Date of receipt of notice of resignation of the auditor |
| <input type="checkbox"/> | Removal | / | / | Date the auditor was removed from office |
| <input type="checkbox"/> | Deceased | / | / | Date of death |
| <input type="checkbox"/> | Disqualification | / | / | Date the auditor was disqualified under Division 2 of Part 2M.4 of the <i>Corporations Act 2001</i> |
| <input type="checkbox"/> | Termination of appointment | / | / | Date of cessation |
| <input type="checkbox"/> | The co-operative is winding up | / | / | Date of resolution or date of Court Order |

Declaration and signature

4. I declare that:

- I am authorised to lodge this notice on behalf of the co-operative.
- Unless Access Canberra ordered otherwise, the provisions under sections 310(3) and 310(4) of the *Co-operatives National Law (ACT)* regarding any representations made by the auditor were adhered to.
- 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.

| | |
|------------------------------|-----|
| 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 | | | | | |