

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

This form is to be used by an existing body (including corporations, indigenous corporations and incorporated associations) applying to transfer its incorporation to a co-operative.

Before applying for registration of a co-operative you must have the rules and, if applicable, the formation disclosure statement approved by Access Canberra. If you have not already done this, before lodging this form you must first complete an 'Application to Approve Co-operative Rules and Formation Disclosure Statement' (Form C1) available on the Access Canberra website.

This form **must** be lodged within 2 months after the formation meeting.

ELIGIBILITY

To be eligible for registration, a proposed co-operative must meet both the following criteria:

- Must have a membership of:
 - in the case of a co-operative group, 2 or more co-operatives; or
 - in the case of any other co-operative, 5 or more active members.
- Must have held a formation meeting.

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- 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 13 of this form.
- Cheques should be made payable to Access Canberra.

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:
citl@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.

Details of proposed co-operative
1. Name of proposed co-operative

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2. Details of exiting co-operative

This application for the registration of an incorporated association is made on behalf of (choose one only)

<input type="checkbox"/>	a company registered under the <i>Corporation Act 2001</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Name</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Registration number</td> <td style="padding: 2px;"></td> </tr> </table>	Name		Registration number	
Name					
Registration number					
	OR				
<input type="checkbox"/>	an incorporated association registered under the <i>Associations Incorporation Act 1991</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Name</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Registration number</td> <td style="padding: 2px;"></td> </tr> </table>	Name		Registration number	
Name					
Registration number					
	OR				
<input type="checkbox"/>	an Aboriginal and Torres Strait Islander corporation registered under the <i>Corporations (Aboriginal and Torres Strait Islander) Act 2006</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; padding: 2px;">Name</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Indigenous Corporation number</td> <td style="padding: 2px;"></td> </tr> </table>	Name		Indigenous Corporation number	
Name					
Indigenous Corporation number					

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)

Suburb / Town	State / Territory	Postcode

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)
/

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 (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				

Director				
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				

Director				
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				

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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 2 copies of the proposed rules of the new co-operative. Both copies must be signed and certified by the persons who acted as chairperson and secretary at the formation meeting. |
| <input type="checkbox"/> | If you are proposing to be a distributing co-operative or you were directed by the Registrar to present a disclosure statement, you must also attach one copy of the formation disclosure statement presented at the formation meeting. The copy must be signed and certified by the directors or committee of management of the corporation. |
| <input type="checkbox"/> | A written declaration, signed by the directors of committee of management of the corporation, no more than 28 days before the application for registration and stating that at a meeting of the directors or committee they formed the opinion the corporation will be able to pay its debts as they fall due. |
| <input type="checkbox"/> | A report in the approved form (balance sheet) as to the affairs of the corporation and showing its assets and liabilities, made up to the latest practicable date before the application. |
| <input type="checkbox"/> | A copy of the constituent documents of the corporation in force at the date of the application. |
| <input type="checkbox"/> | A registration document to evidence the incorporation or registration of the corporation. |

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

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

Declaration and signature

Who must sign this application

- **For existing corporation applicants** - 2 directors of the corporation or if a sole director corporation, 1 director and the secretary of the corporation.
- **For existing incorporated association applicants** - 2 authorised signatories of the incorporated association.

14. I declare that:

- A resolution has been passed approving the proposed registration and any amendment of its existing constituent documents necessary to enable the corporation to comply with the *Co-operatives National Law (ACT)*.
- A formation meeting was held on the date specified in this application, at which the attached co-operative rules were passed in accordance with the *Co-operatives National Law (ACT)*.
- If a disclosure statement is attached, the disclosure statement has been presented and passed at the formation meeting in accordance with the *Co-operatives National Law (ACT)*.
- No director of the proposed co-operative is disqualified under sections 181 and 182 of the *Co-operatives National Law (ACT)*.
- At least two directors of the proposed co-operative are ordinarily resident in Australia in accordance with s172 of the *Co-operatives National Law (ACT)*.
- The proposed 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 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	
Signature	
Printed name	
Date of signing (dd/mm/yyyy)	/ /
Position (office) held	

15. Payment

Please use the form at the following link to make payment: [Make a cooperative payment online](#).
Alternatively, you will be contacted for payment once your application has been received.

Fees can be found on the cooperative page of the Access Canberra website at www.accesscanberra.act.gov.au.

For queries regarding your application please contact the Community, Industry and Trader Licensing Unit (CITL) on 13 22 81 or by email at citl@act.gov.au