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| |  |  | | --- | --- | | **ACT Government and Access Canberra logos.** | **Application to Register a Proposed**  **Co-operative**  **Form C4**  ***Co-operatives National Law (ACT) Act 2017***  ***Co-operatives National Law (ACT) Regulation 2017*** | | |
| 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  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:   1. 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.  1. 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 12 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 NSW Fair Trading 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](mailto:citl@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. | |
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| |  |  | | --- | --- | | **ACT Government and Access Canberra logos.** | **Application to Register a Proposed**  **Co-operative**  **Form C4**  ***Co-operatives National Law (ACT) Act 2017***  ***Co-operatives National Law (ACT) Regulation 2017*** | |

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| **Details of proposed co-operative** |

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| **1. Name of proposed co-operative** |
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| **2. Date formation meeting held (dd/mm/yyyy)** |
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| **3. 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 |

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| **4. 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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| **5. What is the postal address of the proposed co-operative’s?** *(Can be a PO Box)* | | | |
| **Same as registered office** | | | |
| Yes | No, *specify different address below* | | |
| **Postal Address** *(PO Box Number, Property Name, Unit, Flat No, Street Number, Street Name)* | | | |
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| **Suburb/ Town** | | **State / Territory** | **Postcode** |
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| **6. Co-operative contact number and email** | |
| **Daytime telephone number** |  | |
| **Email address to receive all electronic correspondence** |  | |

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| **7. Date of financial year end (mm/yyyy)** *(As set out in the co-operative’s rules)* |
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| **8. 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? | Yes  No |
| The co-operative will have securities on issue to non-members other than:   * shares in the co-operative; and * securities issued in respect of the co-operative's obligations under section 163 of the Law. | Yes  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. | Yes  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? | Yes  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.) | Yes  No |

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| **9. 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 bellow.)* |

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

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

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

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

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

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| **10. Co-operative Secretary.**  *The co-operative must have a secretary, who must be resident in Australia.* |

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| **Secretary** | | | | | | | | |
| **Given names(s) (in full)** | |  | | | | | | |
| **Surname** | |  | | | | | | |
| **Address** *(Property Name, Unit, Flat No, Street Number, Street Name)* | | | | | | | | |
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| **Suburb / Town** |  | | **State / Territory** |  | | **Postcode** | |  |
| **Occupation** | | |  | | | | | |
| **Date of birth (dd/mm/yyyy)** | | | /       / | | **Place of birth** | |  | |
| **Email address** | | |  | | | | | |
| **Also a director?** | | | Yes  No | | | | | |

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| **11. Chief Executive Officer (Optional).**  *The co-operative is to have a chief executive officer (CEO) please provide details here.* |

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| **Chief Executive Officer** | | | | | | | | |
| **Given names(s) (in full)** | |  | | | | | | |
| **Surname** | |  | | | | | | |
| **Address** *(Property Name, Unit, Flat No, Street Number, Street Name)* | | | | | | | | |
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| **Suburb / Town** |  | | **State / Territory** |  | | **Postcode** | |  |
| **Occupation** | | |  | | | | | |
| **Date of birth (dd/mm/yyyy)** | | | /       / | | **Place of birth** | |  | |
| **Email address** | | |  | | | | | |
| **Also a director?** | | | Yes  No | | | | | |

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| **Document checklist** |

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| **12. Your application cannot be processed without the following documents** | |
|  | A scanned copy of the original version of the proposed rules of the new cooperative signed by the persons who acted as chairperson and secretary at the formation meeting. |
|  | 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 a scanned copy of the formation disclosure statement presented at the formation meeting. The copy must be signed and certified by the persons who acted as chairperson and secretary at the formation meeting. |

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| **Declaration and signature**  At least 5 members of the co-operative including 2 directors elected at the formation meeting, unless the co-operative is a co- operative group. In the case of a co-operative group, 2 directors of the proposed co-operative unless there is only one director. |

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| **13. I declare that:** | |
| * At least one person signing below has been authorised by the proposed co-operative to apply for the registration of the co-operative. * 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)* 2017. * 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)* 2017. * No director of the proposed co-operative is disqualified under sections 181 and 182 of the *Co-operatives National Law (ACT)* 2017. * At least two directors of the proposed co-operative are ordinarily resident in Australia in accordance with section 172 of the *Cooperatives National Law (ACT)* 2017. * The proposed co-operative has the prescribed number of active members in accordance with the *Co-operatives National Law (ACT)* 2017. * 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)* 2017 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** |  |
| **Signature** |  |
| **Printed name** |  |
| **Date of signing (dd/mm/yyyy)** | /       / |
| **Position (office) held** |  |
| **Signature** |  |
| **Printed name** |  |
| **Date of signing (dd/mm/yyyy)** | /       / |
| **Position (office) held** |  |
| **Signature** |  |
| **Printed name** |  |
| **Date of signing (dd/mm/yyyy)** | /       / |
| **Position (office) held** |  |

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

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| **Given names(s) (in full)** | |  | | | | |
| **Surname** | |  | | | | |
| **Address** *(Property Name, Unit, Flat No, Street Number, Street Name)* | | | | | | |
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| **Daytime telephone number** | | |  | | | |
| **Email address** | | |  | | | |

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| **Payment** |
| Please use the form at the following link to make payment: [Make a cooperative payment online](https://form.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1009-coop).  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](http://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](mailto:citl@act.gov.au) |