



APPLICATION FOR REGISTRATION AS A CO-OPERATIVE

<p style="font-size: 24pt; font-weight: bold; margin: 0;">Fm03 P</p>	<p>Instructions Please complete in BLOCK LETTERS. Attach extra pages if needed. All references to dates should be in DD/MM/YYYY format.</p>
<p>Date Received</p>	<p>Privacy Statement – Please Read The Department of Mines, Industry Regulation and Safety, Consumer Protection Division (Consumer Protection) is collecting information on this form for the purposes of the Co-operatives Act 2009 (the Act).</p> <p>In accordance with the Act, a register of this information and any documents lodged with the Registrar will be available for inspection by the public upon payment of a prescribed fee. In other instances, information on this form can be disclosed without your consent where authorised or required by law.</p>
<p>Section 18(1)</p>	

Part 1 – Application Details

<p>Section 1 Application Details</p>	<p>This is an application for registration as a co-operative under the name of</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Please note: This form is not to be used by an existing corporation incorporated or registered under another Act. Please refer to <i>Form 00</i> or <i>Form 06</i> for the relevant form.</p>
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<p>Section 2 Proposed Co-operative Details</p>	<p>Type of Co-operative (<i>tick as appropriate</i>):</p> <p>Distributing <input type="checkbox"/> Non-distributing - with share capital <input type="checkbox"/></p> <p style="padding-left: 150px;">- without share capital <input type="checkbox"/></p> <p>Statement of primary activity:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>Section 3 Street Address of Proposed Co-operative</p> <p>Preferred contact method:</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Email</p>	<p>Registered Office:</p> <p>Address.....</p> <p>Suburb..... State Postcode</p> <p>Phone ()..... Fax ().....</p> <p>Email.....</p> <p>Principal Place of Business:</p> <p>Address.....</p> <p>Suburb..... State Postcode</p>
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Part 2 – Applicant Contact Details

Applicant Name, Address and Contact Details

Preferred contact method:

- Mail
 Phone
 Email

Title: Mr Mrs Ms Miss Other (specify).....

Name of Applicant.....

Address.....

Suburb..... State Postcode

Business Phone ()..... Business Fax ().....

Mobile..... Email.....

Part 3 – Checklist and Declaration

Checklist and Declaration

I.....(Name of Applicant) was authorised by the proposed members at the formation meeting held on ___ / ___ / ___ to file this application for registration.

Certified by.....
(Name and Signature of Chairperson)

and
(Name and Signature of Secretary).

I have attached the following as required by section 18(1) (*tick as appropriate*):

- a) Two copies of the proposed rules, signed and certified by the chairperson and secretary of the formation meeting;
 b) A copy of the disclosure statement signed and certified by the chairperson and secretary of the formation meeting (**distributing co-operative only**);
 c) A statement listing the particulars of each director elected at the formation meeting, signed and certified by the chairperson and secretary (*Form 04*);
 d) A statement listing the particulars of the secretary and chief executive officer; and
 e) Other document (*please specify*)

I certify that all information contained in this application is true and correct.

Signature of Applicant Date ___ / ___ / _____

Part 4 – Signatures required by section 18(1)(c)

For a co-operative:
Two directors elected at the formation meeting PLUS three suitably qualified members as defined by section 15(4).

For a co-operative group: Two directors elected at the formation meeting.

Please provide names and signatures for your proposed co-operative:

Director 1.

Director 2.

Member 1.

Member 2.

Member 3.

Lodgement Details

Please Note

This application form must be lodged **within 2 months** after the closure of the formation meeting, or within the extended period that the Registrar may allow.

This application should be accompanied by the relevant fee prescribed in the regulations. If a co-operative wishes to apply for an extension, it must also submit a *Form 12* accompanied with the prescribed fee.

Should you require further assistance please contact our office on 1300 304 074

Lodgement by Mail:

Department of Mines, Industry Regulation and Safety
Consumer Protection Division
Associations & Charities Branch
Locked Bag 14
Cloisters Square
PERTH 6850

Lodgement in Person:

Department of Mines, Industry Regulation and Safety
Consumer Protection Division
Level 1, Mason Bird Building
303 Sevenoaks Street
CANNINGTON WA