



COOPERATIVES DOCUMENT REQUEST FORM

Date Received	Information Cheque or money order payments may be made payable to the Department of Mines, Industry Regulation and Safety.
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Applicant Information

	<p>Name:</p> <p>Organisation Name:</p> <p>Postal Address:</p> <p>.....</p> <p>Phone: () Email:</p> <p>Tick the box to indicate how you wish to receive your search results:</p> <p><input type="checkbox"/> Email – size restrictions may apply. (Note: Certified documents CANNOT be sent by email); or</p> <p><input type="checkbox"/> Hard Copy via post (Certified documents on certified paper and stamped are only sent by post).</p>
	<p>Co-operative Name:</p> <p>Co-operative Registration Number:</p> <p>Requested Documents:</p> <p><input type="checkbox"/> Uncertified Extract (1 Page) \$15.30</p> <p><input type="checkbox"/> Certified Extract (1 Page).....\$32.00</p> <p><i>Note: The Extract contains the Cooperative name, registration number, status, date of registration, date deregistration, cooperative type, purpose (primary activity), registered office and current directors.</i></p> <p><input type="checkbox"/> Copy of certificate of registration \$43.00</p> <p><input type="checkbox"/> Certified Copy of Document \$32.00 first page + \$3.30 additional pages</p> <p><i>Please specify document details in space below;</i></p> <p>.....</p> <p>.....</p> <p>.....</p>

	<input type="checkbox"/> Uncertified Copy of Document \$15.30 first page + \$1.90 additional pages <i>Please specify document details in space below;</i> <hr/> <hr/> <hr/>
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Payment Details

	<p>Co-operative Name:</p> <p>Co-operative Registration Number:</p> <p>Related Form:</p> <p>Payment Type: Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Cheque <input type="checkbox"/></p> <p>Credit Card Payment:</p> <p style="padding-left: 40px;">Mastercard <input type="checkbox"/> VISA <input type="checkbox"/></p> <p>Card Number: _____</p> <p>Expiry Date: ___ / ___ Amount: \$</p> <p>Name on Card:</p> <p>Cardholders Signature:</p> <p>Contact Details (in case of enquiries):</p> <p>Name:</p> <p>Phone ()..... Email:</p>
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Lodgement Details

	<p>Lodgement by Mail:</p> <p>Department of Mines, Industry Regulation and Safety Consumer Protection Division Associations & Charities Branch Locked Bag 100 EAST PERTH WA 6892</p>	<p>Lodgement in Person:</p> <p>Department of Mines, Industry Regulation and Safety Consumer Protection Division Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON WA</p>
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