



ANNUAL RETURN TO THE REGISTRAR

Fm10 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>
Date Received	<p>The Annual Return should be lodged within <i>28 days</i> of holding the Annual General Meeting.</p>
Section 244ZB and 244ZC	<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>

Part 1 – General Details

Section 1 Co-operative Details	<p>Name of Co-operative:</p> <p>.....</p> <p>Co-operative Registration Number:</p>
Section 2 Address and Contact Details	<p>Registered Office (<i>Must be a street address</i>)</p> <p>Address.....</p> <p>.....</p> <p>Suburb..... State Postcode</p> <p>Phone ()..... Fax ().....</p> <hr/> <p>Principal Place of Business (<i>Must be a street address</i>)</p> <p>Same as Registered Office ? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, specify address below ►</p> <p>Address.....</p> <p>.....</p> <p>Suburb..... State Postcode</p> <hr/> <p>Contact Telephone and Email</p> <p>Phone ()..... Fax ().....</p> <p>Email.....</p>
Section 3 AGM	<p>The last Annual General Meeting was held on: ___ / ___ / _____</p> <p>Date Financial Year Ends ___ / ___ / _____</p>

Part 2 – Revenue, Employment, Membership and Shares

Section 1 Revenue	The gross consolidated revenue of the co-operative for the financial year was:
Section 2 Employment Details	Number of employees and corresponding full-time equivalent (FTE) number at the end of the financial year: Number of Employees Number of FTE
Section 3 Membership Details	Number of members in the co-operative at the end of the financial year:
Section 4 Additional Information – Small co- operatives only	<p>Is the co-operative a small co-operative? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Note: To be considered to be a small co-operative in accordance with section 3A of the <i>Co-operatives Regulations 2010</i>, the co-operative must satisfy any two of the following criteria for the financial year:</p> <ul style="list-style-type: none"> • Consolidated revenue of less than \$8 million. • Consolidated gross assets of less than \$4 million. • Fewer than 30 FTE employees. <p>If you answered YES, then please complete below:</p> <ul style="list-style-type: none"> • On: ___ / ___ / ___ the Board of the co-operative resolved that the co-operative was a small co-operative for the financial year covered by this return. • On: ___ / ___ / ___ the Board of the co-operative resolved that it was satisfied that the co-operative was solvent. • The members of the co-operative have/ have not (strike out inapplicable) required the co-operative to prepare additional financial reports for the financial year under section 244I Details of the direction (if applicable) • The co-operative did / did not (strike out inapplicable) have securities on issue to non-members during the financial year. Details of securities (if applicable)

Part 3 – Checklist and Declaration

Section 1 Declaration

In accordance with the requirements of the Act, I being a (*tick as appropriate*):

Director Chief Executive Officer Secretary Other: _____

of the co-operative, submit the annual return to the Registrar for the financial period ending ___ / ___ / _____.

I have attached the following (*tick as appropriate*):

- a) A list in the approved form, listing the secretary, directors, and the chief executive officers of the co-operative current at the date of lodgement of the annual report with the Registrar (**Annexure A**);
- b) If the co-operative is required under section 244ZC or 244ZE the Act to lodge a financial report for its most recently ended financial year, a copy of that report;
- c) A copy of any report by the auditor or the directors of the co-operative prepared under Part 10A of the Act on a financial report / statement referred to in (b) above.
- d) Lodgement Fee is attached.

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

Name:

Signature Date ___ / ___ / _____

Address

Suburb..... State Postcode

Phone () Fax ()

Email.....

Preferred contact method:

- Mail
 Phone
 Email

Lodgement Details

Please Note

This report must be lodged **within 28 days** after the date the co-operative holds its AGM or, if the AGM is not held within five months from the end of the financial year, within 28 days after the end of that period. If lodged outside of this time period, late fees may apply.

This application should be accompanied by the relevant fee prescribed in the regulations. Please complete Form 99 to submit payment for this fee.

The co-operative must retain a copy of this annual report. The copy must be kept at the office where the registers are held and be available for inspection by any member, free of charge.

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 100
EAST PERTH 6892

Lodgement in Person:

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

Annexure A

Particulars of Secretary, Directors and Chief Executive Officer Current at Date of Annual Report Lodgement

Position Codes:

CEO = Chief Executive Officer

CHP = Chairperson

MDI = Member Director

IDI = Independent Director

SEC = Secretary

** delete that which not applicable*

Notes:

- Details of the Co-operative's secretary **must** be included in this list.

- If a person holds more than one position, please indicate all positions held.

- If the space provided is insufficient, please attach additional page(s)

Name of Co-operative:

Position Held: CEO / CHP / MDI / IDI / SEC*

Surname: Given Name:

Any Former Name:

Date of Birth: ___ / ___ / _____ Place of Birth:

Residential Address:

Suburb: State: Postcode:

Date of Appointment ___ / ___ / _____

Position Held: CEO / CHP / MDI / IDI / SEC*

Surname: Given Name:

Any Former Name:

Date of Birth: ___ / ___ / _____ Place of Birth:

Residential Address:

Suburb: State: Postcode:

Date of Appointment ___ / ___ / _____

Position Held: CEO / CHP / MDI / IDI / SEC*

Surname: Given Name:

Any Former Name:

Date of Birth: ___ / ___ / _____ Place of Birth:

Residential Address:

Suburb: State: Postcode:

Date of Appointment ___ / ___ / _____

Position Held: CEO / CHP / MDI / IDI / SEC*

Surname: Given Name:

Any Former Name:

Date of Birth: ___ / ___ / _____ Place of Birth:

Residential Address:

Suburb: State: Postcode:

Date of Appointment ___ / ___ / _____

Position Held: CEO / CHP / MDI / IDI / SEC*

Surname: Given Name:

Any Former Name:

Date of Birth: ___ / ___ / _____ Place of Birth:

Residential Address:

Suburb: State: Postcode:

Date of Appointment ___ / ___ / _____

Position Held: CEO / CHP / MDI / IDI / SEC*

Surname: Given Name:

Any Former Name:

Date of Birth: ___ / ___ / _____ Place of Birth:

Residential Address:

Suburb: State: Postcode:

Date of Appointment ___ / ___ / _____