



**NOTICE OF APPOINTMENT OR CESSATION OF APPOINTMENT OF
 DIRECTORS AND OFFICERS**

Fm13 P

Date Received

Section 234

Instructions

Please complete in **BLOCK LETTERS**. Attach extra pages if needed. All references to dates should be in DD/MM/YYYY format.

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).

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.

Part 1 – Application Details

**Section 1
 Application
 Details**

Name of Co-operative:

Co-operative Registration Number:

Part 2 – Applicant Contact Details

**Applicant
 Contact
 Details**

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

Name of Applicant.....

Address.....

Suburb..... State Postcode

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

Email:

Part 3 –Declaration

** delete that which
 not applicable*

I(name) being a director* / chief executive officer* / secretary* of the above named co-operative give notice of the changes of officeholders of the co-operative

I confirm the details of such changes are as is contained on the reverse side of this application and in the attached pages (if necessary).

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

Signature Date ____ / ____ / ____

Details of Changes to Directors / Officers

Position Codes: CEO = Chief Executive Officer CHP = Chairperson MDI = Member Director IDI = Independent Director SEC = Secretary * delete that which not applicable Notes: • If a person holds more than one position, please indicate all positions held. • If the space provided is insufficient, please attach additional page(s)	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 / Cessation * ___ / ___ / ___
	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 / Cessation * ___ / ___ / ___
	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 / Cessation * ___ / ___ / ___
	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 / Cessation * ___ / ___ / ___

Lodgement Details

Please Note This form must be lodged within 28 days after the appointment or cessation of appointment of the director(s)/officer(s). No registration fee is applicable, however this form may incur an additional fee imposed by the Registrar for late filing of a document required to be lodged under the Act. 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 WA 6850	Lodgement in Person: The Department of Mines, Industry Regulation and Safety Associations & Charities Branch Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON WA