



APPLICATION FOR APPROVAL OF DISCLOSURE STATEMENT

Fm02 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>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>
Section 16	

Part 1 – Application Details

Section 1 Application Details	<p>Name of co-operative or proposed co-operative: </p> <p>Please note: This form is only required for a proposed co-operative which intends to be distributing co-operative or has been directed by the Registrar to prepare a disclosure statement.</p>
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Section 2 Details of Disclosure Statement	<p>I..... have attached a copy of the draft disclosure statement and certify that the following matters required by section 16(3) of the Act have been provided for in the draft disclosure statement:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a) The estimated costs of formation; <input type="checkbox"/> b) The active membership provisions of the proposed co-operative; <input type="checkbox"/> c) The rights and liabilities attaching to shares in the proposed co-operative; <input type="checkbox"/> d) The capital required for the co-operative at the time of formation; <input type="checkbox"/> e) The projected income and expenditure of the co-operative for its first year of operation; <input type="checkbox"/> f) Information about any pre-registration contractual obligations of the co-operative under Part 3 Division 5 of the Act; and <input type="checkbox"/> g) Other document (<i>please specify</i>) h) <p>I confirm that the formation meeting is due to be held on ___ / ___ / _____ and certify that all information contained in this application is true and correct.</p> <p>Signature of ApplicantDate ___ / ___ / _____</p> <p>Please note: Section 16(4) of the Act requires that the disclosure statement cannot include a statement purporting to be made by an expert or to be based on a statement made by an expert unless:</p> <ul style="list-style-type: none"> • The expert has given, and not withdrawn, his/her written consent to the inclusion of their statement in the submitted disclosure statement; and • There appears in the disclosure statement a statement that the expert has given, and not withdrawn, his/her consent.
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The disclosure statement contains the information necessary to ensure prospective members are adequately informed of the nature and extent of a person's financial involvement or liability as a member of the co-operative.

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.....

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Suburb..... State Postcode

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

Mobile Email

Lodgement Details

Please Note:

This application form and the Form 01 Application for Approval of Proposed Rules of a Co-operative must be submitted to the Registrar **at least 35 days before the formation meeting is due to be held**, or a shorter period as the Registrar may allow in a particular case.

If an applicant wishes to apply for a shorter period to submit this application, they must lodge *Form 12* with Consumer Protection.

Should you require further assistance please contact our office on 1300 304 074 or (08) 6552 9300

The completed form and relevant documents should be clearly scanned and emailed to co-operatives.unit@dmirs.wa.gov.au

Alternatively the form can be mailed to:

**Department of Mines, Industry Regulation and Safety
Consumer Protection Division
Associations & Charities Branch
Locked Bag 100
EAST PERTH 6892**

PAYMENT:

This application is subject to fee relief. Please refer to our webpage for further fee waiver information <https://www.commerce.wa.gov.au/consumer-protection/co-operatives-fees-and-forms>