



**STATUTORY DECLARATION IN SUPPORT OF ALTERATION TO THE RULES**

**Fm33 P**

**Instructions**

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

Date Received

**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: .....

**Section 2  
 Statutory Declaration**

I ..... (*insert full name*), being the Chairperson of the meeting / Returning Officer of a ballot at which the above named co-operative voted on a special resolution / board resolution, do solemnly and sincerely declare that:

- a) The meeting / declaration of the ballot was held on \_\_\_ / \_\_\_ / \_\_\_\_\_ and
- b) The *Co-operatives Act 2009* (the Act) and the rules of the co-operative relating to the calling and conduct of the meeting or postal ballot / special postal ballot and the passing of the special resolution / board resolution were duly complied with and
- c) The alterations to the rules were approved by special resolution by the required two thirds majority.

*This form must be declared before a qualified witness in accordance with the Oaths, Affidavits and Statutory Declarations Act 2005 (WA)*

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths, Affidavits and Statutory Declarations Act 2005 (WA)*.

Signature of Chairperson / Returning Officer: .....

Declared before ..... on \_\_\_ / \_\_\_ / \_\_\_\_\_

Signature of Witness: .....

**Lodgement Details**

**Please Note**

This application should only be lodged in conjunction with *Form 32*.

**Lodgement by Mail:**

The 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  
 and Safety  
 Consumer Protection Division  
 Level 1, Mason Bird Building  
 303 Sevenoaks Street  
 CANNINGTON WA