



**APPLICATION FOR REGISTRATION OF A SPECIAL RESOLUTION
 (OTHER THAN FOR ALTERING THE RULES)**

Fm35 P

Date Received

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:

The purpose of the special resolution:

.....

The way in which the special resolution was passed:

- By members in a general meeting (date of meeting ___/___/____)
- By postal vote (closing date of ballot ___/___/____)
- By special postal vote (closing date of ballot ___/___/____)

Part 2 – Applicant Contact Details

**Applicant
 Name, Address
 and Contact
 Details**

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

Name of Applicant.....

Address.....

Suburb..... State Postcode

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

Email

Part 3 – Checklist and Declaration

*This form **must** be signed by a director, the secretary, or another authorised representative of the co-operative.*

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

- a) Two copies of each special resolution passed by the co-operative signed by a director and secretary of the co-operative;
- b) A statutory declaration in support of the special resolution by the chairperson of the meeting or, in the case of a postal or special postal ballot, by the returning officer of the co-operative (Form 36); and
- c) Other document (*please specify*)

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

Signature Date ___ / ___ / _____

Lodgement Details

Please Note

This application should be lodged within 28 days after the passing of the special resolution or a longer period as the Registrar may allow.

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

If you wish to seek a longer period please lodge Form 12 with the prescribed fee.

Should you require further assistance please contact our office on 1300 304 074.

Lodgement by Mail:

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

Lodgement in Person:

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