



APPLICATION FOR REGISTRATION OF AN ACT COOPERATIVE- FORM C1

Cooperatives Act 2002
Cooperatives Regulation 2003

PURPOSE

This form is to be used when a proposed cooperative wishes to register as a cooperative under the *Cooperatives Act 2002* (the Act). You can access the legislation at www.legislation.act.gov.au. You may also obtain further information and forms at www.act.gov.au/accessCBR.

PRIVACY

The Act authorises the Registrar to collect the personal information required by this form for the purposes of registering a cooperative under the Act. The Registrar prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Registrar provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. The Act provides for some information about cooperatives to be publicly available.

INSTRUCTIONS FOR COMPLETION

- Complete this form using a black pen only.
- Please print; ensuring writing is clear and legible.
- This office will not accept lodgement of this form if it is not completed in full and a prescribed registration fee paid.
- Payment can be made by cheque, postal order, credit card (visa or mastercard), cash or eftpos. We are unable to accept credit card payment over the phone or provide invoices for later payment. However, there is a [Credit Card Payment Authorisation Form](#), which you can use to pay a fee. Cheques should be made in favour of Access Canberra. Where a fee is applicable we cannot process a lodgement unless accompanied by payment.
- Please retain your receipt as evidence of payment.

IMPORTANT INFORMATION

- Before a proposed cooperative (other than an existing corporation) can be registered, a formation meeting must be held in accordance with the Act.
- At least five people are required to form a cooperative.
- The proposed rules approved by the Registrar in accordance with the Act must be passed by 2/3 of the proposed members of the proposed cooperative attending the formation meeting.
- The proposed members of the proposed cooperative must sign the application for membership and must elect the first directors in accordance with the proposed rules.
- Once passed at the formation meeting, 2 copies of the proposed rules signed and certified by the people who acted as the chairperson and secretary at the formation meeting must be submitted to the Registrar with the application for registration (this form).
- A copy of the disclosure statement for the proposed trading cooperative must be presented at the formation meeting and be signed and certified by the people who acted as the chairperson and secretary at the formation meeting.
- If the Registrar so requires, a non-trading cooperative may also need to submit a disclosure statement containing the information specified by the Registrar.
- There are prescribed requirements for directors and officers in the Act that must be included as part of the application such as qualifications and financial responsibilities.
- A statement listing the name, address, occupation and place and date of birth of each director including any other additional information that the Registrar may require in each case must accompany the application for registration of the proposed cooperative.
- Each director must fill in a Statutory Declaration in Part B of this form.
- This application must be completed and filed with the Registrar within 2 months after the formation meeting for the proposed cooperative unless the Registrar provides written approval allowing a longer period.
- The application for registration must comply with the Act and meet any other requirements specified by the Registrar.
- For documents filed after 2 months following the due date without the Registrar's approval for extension, a late fee will be applied.

TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

LODGEMENT AND CONTACT INFORMATION

Email:

Ors.bil@act.gov.au

Post:

Access Canberra
Cooperatives Registration
GPO Box 158
Canberra, ACT 2601

In Person:

Please visit
www.act.gov.au/accessCBR
Or call **132281** to find an
Access Canberra Shopfront





APPLICATION FOR REGISTRATION OF AN ACT COOPERATIVE- FORM C1

Cooperatives Act 2002
Cooperatives Regulation 2003

1. NAME OF COOPERATIVE		COOPERATIVE NUMBER (office use only)	C0
		NUMBER OF ACTIVE MEMBERS	
TRADING COOPERATIVE <input type="checkbox"/>	NON-TRADING COOPERATIVE <input type="checkbox"/>		
	SHARE CAPITAL <input type="checkbox"/> Yes <input type="checkbox"/> No		
COOPERATIVE ASSOCIATION <input type="checkbox"/> Yes <input type="checkbox"/> No	COOPERATIVE FEDERATION <input type="checkbox"/> Yes <input type="checkbox"/> No		
OFFICE USE ONLY:			
Application date (date received by Access Canberra):	Date:/...../.....	If application submitted after 60 days from the day it was due, a late fee applies	<input type="checkbox"/> Within 60 days <input type="checkbox"/> After 60 days

2. ADDRESS OF REGISTERED OFFICE OF COOPERATIVE (optional)	OFFICE HOURS	
	FROM:	TO:
	STATE / TERRITORY	POSTCODE

3. PREFERRED POSTAL ADDRESS OF COOPERATIVE		
	STATE / TERRITORY	POSTCODE

4. APPLICANT DETAILS (Person authorised under S 19(2)(e) to apply for cooperative - must be over the age of 18 years)		
TITLE (Mr, Ms)	GIVEN NAMES	SURNAME
HOME ADDRESS (Property Name, Unit, Flat No, Street Number, Street Name)		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE

POSTAL ADDRESS <i>(If different to home address, above)</i>		
CITY/ SUBURB/ TOWN	STATE / TERRITORY	POSTCODE
TELEPHONE NUMBER		EMAIL ADDRESS
()		

5. INAUGURAL CONTACT PERSON

TITLE <i>(Mr, Ms)</i>	GIVEN NAMES	SURNAME
HOME ADDRESS <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
HOME TELEPHONE NUMBER		MOBILE TELEPHONE NUMBER
()		
WORK TELEPHONE NUMBER		EMAIL ADDRESS

6. OBJECTS AND PURPOSES (AIMS AND OBJECTIVES) OF THE COOPERATIVE *(If insufficient space attach additional sheet with details)*

--

7. INAUGURAL RULES OF THE COOPERATIVE

Tick this box if the cooperative has adopted model rules notified under the *Cooperatives Act 2002*

Note: If No, a statement must be attached to this application listing any alterations or variations to the model rules and the reasons for the alterations of the model rules.

Yes

No

8. DEEDS AND TRUSTS

Tick this box if any legal, financial or property deeds or trusts exist which affect this cooperative.

A copy of each legal, financial or property deeds or trusts which affect this cooperative must be attached.

Yes

No

9. INAUGURAL MEMBERS' DETAILS *(at least 5 suitably qualified members, including 2 directors elected at the formation meeting) A Statement listing the name, address, occupation and place and date of birth of each elected director to be attached to this form. Also note Part B Stat Dec.)*

DIRECTOR **TITLE** *(Mr, Ms)* **GIVEN NAMES** **SURNAME**

HOME ADDRESS *(Property Name, Unit, Flat No, Street Number, Street Name)*

CITY / SUBURB / TOWN **STATE / TERRITORY** **POSTCODE** **SIGNATURE**

DIRECTOR **TITLE** *(Mr, Ms)* **GIVEN NAMES** **SURNAME**

HOME ADDRESS *(Property Name, Unit, Flat No, Street Number, Street Name)*

CITY / SUBURB / TOWN **STATE / TERRITORY** **POSTCODE** **SIGNATURE**

MEMBER **TITLE** *(Mr, Ms)* **GIVEN NAMES** **SURNAME**

HOME ADDRESS *(Property Name, Unit, Flat No, Street Number, Street Name)*

CITY / SUBURB / TOWN **STATE / TERRITORY** **POSTCODE** **SIGNATURE**

MEMBER **TITLE** *(Mr, Ms)* **GIVEN NAMES** **SURNAME**

HOME ADDRESS *(Property Name, Unit, Flat No, Street Number, Street Name)*

CITY / SUBURB / TOWN **STATE / TERRITORY** **POSTCODE** **SIGNATURE**

MEMBER	TITLE (Mr, Ms)	GIVEN NAMES	SURNAME
HOME ADDRESS (Property Name, Unit, Flat No, Street Number, Street Name)			
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE	SIGNATURE

10. CHECKLIST OF ATTACHMENTS

	ATTACHED
A copy of the cooperative's disclosure statement signed by the people who acted as chairperson and secretary at the formation meeting. <i>Where the Registrar exempted a non-trading cooperative from providing a disclosure statement, tick the box "not applicable" ("N/A")</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Two (2) copies of the proposed rules signed by the people who acted as the chairperson and secretary at the formation meeting.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A statement listing the name, address, occupation and place and date of birth of each director	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. APPLICANT STATEMENT

I, (name of the inaugural person, as specified in this form)..... confirm that the particulars shown on this form are true and correct and that I have been authorised under Section 19 of the *Cooperatives Act 2002* to apply for incorporation of this cooperative. I have read the Privacy statement and important information on the front of this form.

Name:.....

Signature: _____ Date: / /

PART B – COOPERATIVE REGISTRATION APPLICATION FORM

STATUTORY DECLARATION – EACH DIRECTOR TO COMPLETE

Statutory Declarations Act 1959 (Commonwealth)

I, Name in full _____,

of Full residential address _____,

whose current occupation is _____,

make the following declaration under the *Statutory Declarations Act 1959* in support of an application for registration of a cooperative under the *Cooperatives Act 2002*:

- That I will give true answers to all questions in this statutory declaration by ticking the corresponding YES or NO box indicating my answer; and
- That for each question I answer YES, I will provide full and accurate details of the facts or matters specified or associated with the question, attaching additional details on an annexure form.

I acknowledge that I understand that under section 214 of the *Cooperatives Act 2002*:

(1) A person must not act as a director of a cooperative, or directly or indirectly take part in or be concerned with the management of a cooperative, if the person is the auditor of the cooperative or a partner, employee or employer of the auditor.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

(2) A person must not, except with the Supreme Court's leave, act as a director of a cooperative, or indirectly take part in or be concerned with the management of a cooperative, within 5 years after the day of the person's conviction for a **disqualifying offence** or, if the person was sentenced to imprisonment for the offence, after the day of the person's release from prison.

1	Have you been convicted of an offence in relation to the promotion, formation or management of a corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you been convicted of an offence involving fraud or dishonesty punishable by imprisonment for at least 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you been convicted of an offence against any of the following sections of the Corporations Act: <ul style="list-style-type: none"> • section 184 (Good faith, use of position and use of information—criminal offences) • section 344 (Contravention of part 2M.2 or 2M.3) • section 590 (Offences by officers of certain companies) • section 592 (Incurring of certain debts; fraudulent conduct) • section 670A (Misstatements in, or omissions from, takeover and compulsory acquisition and buy-out documents) • section 728 (Misstatement in, or omission from, disclosure document)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you been convicted of an offence against a provision of a previous law of the Commonwealth or a State that corresponds to a section mentioned in question 3. above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are you disqualified from managing corporations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are you an insolvent under administration (within the meaning of the <i>Corporations Act</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare that I will advise the Registrar of cooperatives if I become disqualified to hold a director position in a cooperative and of any incidents or charges that may disqualify me from holding a director position or affect my suitability to be a director of a cooperation.

I have read the privacy statement in this form and agree that the Registrar of Cooperatives may provide my information to law enforcement agencies and authorised organisations that have legal authority to request information under circumstances prescribed by law.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

✘

Signature of person making the declaration

Declared at

On the

Day of

20

Before me ✘

Signature of witness

Full name of witness

of Full residential address

whose qualification to be a witness is

Note: A person who makes a false statement in a statutory declaration is guilty of an offence under the *Statutory Declarations Act 1959* (C'wlth) and the *Criminal Code 2002* (ACT). A Court can impose substantial fines and/or a term of imprisonment for these offences.

The list of persons before whom a statutory declaration may be made are in schedule 2 of the *Statutory Declarations Regulation 1993*, found at: <http://www.comlaw.gov.au/comlaw/legislation/legislativeinstrumentcompilation1.nsf/current/bytitle/BAF4F2D92E09F45ACA256F71004C14F1?OpenDocument&mostrecent=1>



CREDIT CARD PAYMENT AUTHORITY

This form can be used to pay a fee associated with a service, registration or application by credit card. Fees may also be paid by attending Access Canberra using cash, credit card, EFTPOS, money order or cheque. Money orders and cheques should be made payable to Access Canberra. Information on this form is collected for the purposes of processing a fee associated with a service, registration or licence. Access Canberra prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*.

TYPE OF SERVICE, REGISTRATION OR APPLICATION

CREDIT CARD DETAILS

Type Credit Card

Mastercard VISA

Expiry Date

/

Credit Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Credit Card Holder Name

CREDIT CARD HOLDER AUTHORISATION

I, _____ consent to Access Canberra debiting

\$. from the credit card detailed above, for the type of service described above.

Date: / /

Signature: