Co-operative

Form 4



Application for registration as a co-operative by an existing corporation

Co-operatives National Law (Queensland)

nis form is effective from 1 D	ecember 2020 ABN: 13 846 673 994
OFFICE USE ONLY Date received	Instructions Please complete in BLOCK letters. Attach extra sheets if needed. All references to dates should be in DD/MM/YYYY.
	Privacy statement—please read The Office of Fair Trading (OFT) collects information, including personal information, on this form as required by the <i>Co-operatives National Law (Queensland)</i> to process your application. Your personal information will be placed on a register which may be inspected by the public upon payment of a prescribed fee. Any documents required by the OFT are available for inspection by the public upon payment of a prescribed fee. Additionally, information on this form can be disclosed without your consent where authorised or required by law. Under the <i>Fair Trading Act 1989</i> information may also be shared on a confidential basis with other Australian fair trading agencies.
	If you give the OFT an email address to communicate with you, the personal information in these communications will be stored on your email service provider's servers. These servers may be outside of Australia. By giving us your email address, you are consenting to the personal information contained within the emails to and from the OFT to be transferred outside Australia.
	Fees The applicable fees for this form are available on the Fair Trading website at www.qld.gov.au/fairtrading . No GST is payable on the fees.
Part 1—Applicant detail:	S
Applicant name, address and contact details Contact person submitting application.	Preferred title Mr Mrs Ms Miss Other (specify)
	Suburb
	Preferred contact method? Phone Fax Mobile Email
Part 2—Co-operative de	tails
Section 1 Details of proposed co-operative	To be eligible for registration, a proposed co-operative must have a membership of: • in the case of a co-operative group, two or more co-operatives; or • in the case of any other co-operative, five or more suitably qualified active members, or a lesser number approved by the Registrar. Name of proposed co-operative
	Date formation meeting held DD / DM M M Y Y Y Y Y

Part 2—Co-operative details continued		
Section 2 Type of co-operative	What is the type of co-operative you are proposing? (tick appropriate box) A distributing co-operative with share capital A non-distributing co-operative with share capital A non-distributing co-operative without share capital.	
Section 3 Address of the proposed co-operative's registered office	What is the address of the proposed co-operative's registered office? The address must be located in Queensland and must be a street address. PO boxes cannot be accepted. Address Suburb	
Section 4 Postal address of the proposed co-operative	What is the postal address of the proposed co-operative? This can be a PO Box. Same as registered address Yes No If NO fill in details below Address (can be PO box)	
Section 5 Contact details of the proposed co-operative	What is the contact number and contact email for the proposed co-operative? Daytime phone number	
Section 6 Financial projections of the proposed co-operative	For the first financial year of the proposed co-operative is it estimated: The co-operative will issue shares to more than 20 prospective members during the financial year and the amount raised in that year by the issue of those shares will exceed \$2 million? Yes No The co-operative will have securities on issue to non-members, other than: - shares in the co-operative; and - securities issued in respect of the co-operative's obligations under section 163 of the Co-operatives National Law (Queensland). Yes No The consolidated revenue of the co-operative and the entities it controls (if any) calculated in accordance with accounting standards, will be \$8 million or more for the financial year? Yes No The value of the consolidated gross assets of the co-operative and the entities it controls (if any) calculated in accordance with accounting standards, will be \$4 million or more at the end of the financial year? Yes No The number of employees of the co-operative and the entities it controls (if any) will be 30 or more at the end of the financial year? In counting employees, part-time employees are to be taken into account as an appropriate fraction of a full-time equivalent. For example, four half-time employees should be counted as two employees.	

Part 3—Corporation details		
Section 1 Details of existing corporation.	This application for the registration as a co-operative is made on behalf of: (tick one box only) a company registered under the <i>Corporations Act 2001</i> . Name	
	Australian Company Number (ACN)	
	Australian Business Number (ABN)	
	an incorporated association registered under the <i>Associations Incorporation Act 1981</i> .	
	Name	
	Registration Number (IA)	
	Australian Business Number (ABN)	
	an Aboriginal and Torres Strait Islander corporation registered under the <i>Corporations</i> (Aboriginal and Torres Strait Islander) Act 2006.	
	Name	
	Indigenous Corporation Number (ICN)	
	Australian Business Number (ABN)	
Part 4—Director details		
Diversity details	Director	
Director details Please provide details of	Surname Given names	
the directors elected to the co-operative board at the	Residential address	
formation meeting. At least two board members must be	Suburb State Postcode Postcode	
resident in Australia. If more than five board members,	Occupation	
attach a separate list with the additional board member	Date of birth DD / MM M / YYYY	
details.	Place of birth (town, state and country)	
	Director	
	Surname Given names	
	Residential address	
	Suburb State Postcode Postcode	
	Occupation	
	Date of birth DD MM MYYYYY	
	Place of birth (town, state and country)	
	Director	
	Surname Given names	
	Residential address	
	Suburb State Postcode Postcode	
	Occupation	
	Date of birth DDD / MM M / Y Y Y Y	
	Place of birth (town, state and country)	

Part 4—Director details of	ontinued	
Part 4—Director details o	Director Surname	State Postcode Given names
Part 5—Secretary details	Date of birth DD / MM / YYYYY Place of birth (town, state and country)	State Postcode Postcode
Please provide details of the co-operative's Secretary. The co-operative must have a secretary, who must be a resident in Australia. Part 6—Chief executive of	Suburb Occupation Date of birth DD MMM / YYYYY Place of birth (town, state and country) Also a director Yes No	State Postcode
Chief executive officer If the co-operative is to have a chief executive officer (CEO) please provide the details of the CEO.	Surname	

Part 7—Declaration and c	hecklist
Declaration	 Who must sign this application: for existing corporation applicants—two directors of the corporation or if a sole director corporation, one director and the secretary of the corporation for existing incorporated association applicants—two authorised signatories of the incorporated association. I declare that: a resolution has been passed approving the proposed registration and any amendment of its existing constituent documents necessary to enable the corporation to comply with the <i>Co-operatives National Law (Queensland)</i> a formation meeting was held on the date specified in this application, at which the attached co-operative rules were passed in accordance with the <i>Co-operatives National Law (Queensland)</i> if a disclosure statement is attached, the disclosure statement has been presented and passed at the formation meeting in accordance with the <i>Co-operatives National Law (Queensland)</i> no director of the proposed co-operative is disqualified under sections 181 and 182 of the <i>Co-operatives National Law (Queensland)</i> at least two directors of the proposed co-operatives are ordinarily resident in Australia in accordance with section 172 of the <i>Co-operatives National Law (Queensland)</i> the proposed co-operative has the prescribed number of active members in accordance with the <i>Co-operatives National Law (Queensland)</i> the primary and majority of activities of the proposed co-operative will be conducted in Queensland the particulars contained in this application and other documents are true and correct l acknowledge that it is an offence under section 514 of the <i>Co-operatives National Law (Queensland)</i>
Checklist Your application cannot be processed without these documents attached	I have enclosed the following (please tick box): Two copies of the proposed rules of the new co-operative. Both copies must be signed and certified by the persons who acted as chairperson and secretary at the formation meeting. If you are proposing to be a distributing co-operative or you were directed by the Registrar to present a disclosure statement, you must also attach one copy of the formation disclosure statement presented at the formation meeting. The copy must be signed and certified by the directors or committee of management of the corporation. A written declaration, signed by the directors of committee of management of the corporation, no more than 28 days before the application for registration and stating that at a meeting of the directors or committee they formed the opinion the corporation will be able to pay its debts as they fall due. A report as to the affairs of the corporation and showing its assets and liabilities, made up to the latest practicable date before the application. A copy of the constituent documents of the corporation in force at the date of the application. A registration document to evidence the incorporation or registration of the corporation. the sum of \$
Sign here	Signatory 1 Name (please print) Position (office) held Signature Date signed D / M M / Y Y Y Y Signatory 2 Name (please print) Position (office) held Signature Date signed D / M M / Y Y Y Y

Lodgement details **IMPORTANT!** Please lodge the completed application, any supporting documentation and applicable fees to the Office of Fair Trading at the address below, at one of our regional offices, or at a Queensland Please make sure you: **Government Service Office.** provide all necessary By mail: information and Registration Services Unit, GPO Box 3111, Brisbane QLD 4001 documentation sign the application Visit www.qld.gov.au/fairtrading or call 13 QGOV (13 74 68) for information and your nearest return all pages of the Fair Trading Office or Queensland Government Service Office. application form.

Payer details	
This section must be completed if payment has been made by another person on behalf of the applicant.	Name
Payment	
Payment details	Cash—pay in person Do not send cash by mail Make money order or cheque payable to the Office of Fair Trading. A receipt will not be issued unless specifically requested.
Debit/Credit card	OFT cannot accept debit/credit card details over the phone, fax or email (including any attachments) in accordance with the Payment Card Industry Data Security Standard. If an email or fax is received containing debit/credit card details, it will be deleted immediately and your application and payment will not be processed.
Charge my:	Go online to www.qld.gov.au/fairtrading
Debit/Credit card number:	
Cardholder's name:	
Amount authorised:	\$ Expiry date: M / Y Y Y Y
Cardholder's signature:	
Online payments	Tick box if you wish to pay online If you select this option, once OFT has received your documentation, an officer will be in contact to provide you with a Customer Reference Number (CRN). You can use this to pay via the following methods: Go online to www.qub.gov.au/fairtrading
	Payments can be made using BPAY through your bank or financial institution using the reference details that will be provided to you.
By post	A cheque or money order can be posted in, together with the application form. Make money order or cheque payable to the Office of Fair Trading
In person	You can also visit a Fair Trading Office or an applicable Queensland Government Service Office to lodge this application and pay the applicable fees over the counter. Visit www.qld.gov.au/fairtrading or call 13 QGOV (13 74 68) for your nearest Fair Trading Office or Queensland Government Service Office.