



## Application for registration of a co-operative

Co-operatives National Law (Queensland)

This form is effective from 1 December 2020

ABN: 13 846 673 994

## OFFICE USE ONLY

Date received

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## 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 *Co-operatives National Law (Queensland)* 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 *Fair Trading Act 1989* 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](http://www.qld.gov.au/fairtrading). No GST is payable on the fees.

## Part 1—Applicant details

## Applicant name, address and contact details

Contact person submitting application.

Preferred title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other (specify) .....

First name ..... Last name .....

Address .....

.....

Suburb ..... State  Postcode 

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

Mobile ..... Email .....

Preferred contact method? ☐ Phone ☐ Fax ☐ Mobile ☐ Email

## Part 2—Co-operative details

## 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 suitably qualified members, or a lesser number approved by the Registrar.

Name of proposed co-operative .....

Date formation meeting held  /  /   
D D M M Y Y Y YDate of financial year end  /  (as set out in the co-operative's rules)  
D D M M

## 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.

## Part 2—Co-operative details continued

<b>Section 3</b> <b>Address of the proposed co-operative's registered office</b>	<p>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.</p> <p>Address .....</p> <p>Suburb ..... QUEENSLAND Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<b>Section 4</b> <b>Principal place of business of proposed co-operative</b>	<p>What is the principal place of business of the proposed co-operative?</p> <p>Same as registered office address <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO fill in details below</p> <p>Address .....</p> <p>Suburb ..... State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<b>Section 5</b> <b>Postal address of the proposed co-operative</b>	<p>What is the postal address of the proposed co-operative? This can be a PO Box.</p> <p>Same as registered office address <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO fill in details below</p> <p>Address (can be PO box) .....</p> <p>Suburb ..... State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<b>Section 6</b> <b>Contact details of the proposed co-operative</b>	<p>What is the contact number and contact email for the proposed co-operative?</p> <p>Daytime phone number .....</p> <p>Email address to receive electronic correspondence .....</p>
<b>Section 7</b> <b>Financial projections of the proposed co-operative</b>	<p>For the first financial year of the proposed co-operative is it estimated:</p> <ul style="list-style-type: none"> <li>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?  <input type="checkbox"/> Yes <input type="checkbox"/> No </li> <li>The co-operative will have securities on issue to non-members, other than: <ul style="list-style-type: none"> <li>shares in the co-operative; and</li> <li>securities issued in respect of the co-operative's obligations under section 163 of the <i>Co-operatives National Law (Queensland)</i>.</li> </ul> <input type="checkbox"/> Yes <input type="checkbox"/> No </li> <li>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?  <input type="checkbox"/> Yes <input type="checkbox"/> No </li> <li>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?  <input type="checkbox"/> Yes <input type="checkbox"/> No </li> <li>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.  <input type="checkbox"/> Yes <input type="checkbox"/> No </li> </ul>

## Part 3—Director details

### Director details

Please provide details of the directors elected to the co-operative board at the formation meeting. At least two board members must be resident in Australia. If more than five board members, attach a separate list with the additional board member details.

#### Director

Surname ..... Given names .....

Residential address .....

Suburb ..... State  Postcode

Occupation .....

Date of birth  /  /   
D D M M Y Y Y Y

Place of birth (town, state and country) .....

#### Director

Surname ..... Given names .....

Residential address .....

Suburb ..... State  Postcode

Occupation .....

Date of birth  /  /   
D D M M Y Y Y Y

Place of birth (town, state and country) .....

#### Director

Surname ..... Given names .....

Residential address .....

Suburb ..... State  Postcode

Occupation .....

Date of birth  /  /   
D D M M Y Y Y Y

Place of birth (town, state and country) .....

#### Director

Surname ..... Given names .....

Residential address .....

Suburb ..... State  Postcode

Occupation .....

Date of birth  /  /   
D D M M Y Y Y Y

Place of birth (town, state and country) .....

#### Director

Surname ..... Given names .....

Residential address .....

Suburb ..... State  Postcode

Occupation .....

Date of birth  /  /   
D D M M Y Y Y Y

Place of birth (town, state and country) .....

## Part 4—Secretary details

### Secretary

Please provide details of the co-operative's Secretary. The co-operative must have a secretary, who must be a resident in Australia.

Surname ..... Given names .....

Residential address .....

Suburb ..... State  Postcode

Occupation .....

Date of birth  /  /   
D D M M Y Y Y Y

Place of birth (town, state and country) .....

Also a director Yes ☐ No ☐

## Part 5—Chief executive officer details (optional)

### Chief executive officer

If the co-operative is to have a chief executive officer (CEO) please provide the details of the CEO.

Surname ..... Given names .....

Residential address .....

Suburb ..... State  Postcode

Occupation .....

Date of birth  /  /   
D D M M Y Y Y Y

Place of birth (town, state and country) .....

Also a director Yes ☐ No ☐

## Part 6—Declaration and checklist

### Declaration

On registration of the co-operative, the persons who sign this application become members of the co-operative. If there are more than five members, attach a separate list with the details of additional members.

Who must sign this application:

- at least five or a lesser number approved by the Registrar of suitably qualified members of the co-operative including two directors elected at the formation meeting, unless the co-operative is a co-operative group.
- in the case of a co-operative group, two directors of the proposed co-operative unless there is only one director.

I declare that:

- At least one person signing below has been authorised by the proposed co-operative to apply for the registration of the co-operative.
- 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 *Co-operatives National Law (Queensland)*.
- If a disclosure statement is attached, the disclosure statement has been presented and passed at the formation meeting in accordance with the *Co-operatives National Law (Queensland)*.
- No director of the proposed co-operative is disqualified under sections 181 and 182 of the *Co-operatives National Law (Queensland)*.
- At least two directors of the proposed co-operative are ordinarily resident in Australia in accordance with section 172 of the *Co-operatives National Law (Queensland)*.
- The proposed co-operative has the prescribed number of active members in accordance with the *Co-operatives National Law (Queensland)*.
- 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.
- I acknowledge that it is an offence under section 514 of the *Co-operatives National Law (Queensland)* to provide the Registrar with false or misleading documents.

## Part 6—Declaration and checklist continued

<b>Checklist</b>	<p>I have enclosed the following (please tick box):</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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 persons who acted as chairperson and secretary at the formation meeting.</p> <p><input type="checkbox"/> the sum of \$ ..... being the prescribed fee (fee is available at <a href="http://www.qld.gov.au/fairtrading">www.qld.gov.au/fairtrading</a>)</p>																																																																																																				
<b>Sign here</b>	<p><b>Signatory 1</b>  Name (please print) .....  Corporation name (if applicable) .....  Position (office) held .....  Signature ..... Date signed <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p><b>Signatory 2</b>  Name (please print) .....  Corporation name (if applicable) .....  Position (office) held .....  Signature ..... Date signed <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p><b>Signatory 3</b>  Name (please print) .....  Corporation name (if applicable) .....  Position (office) held .....  Signature ..... Date signed <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p><b>Signatory 4</b>  Name (please print) .....  Corporation name (if applicable) .....  Position (office) held .....  Signature ..... Date signed <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p><b>Signatory 5</b>  Name (please print) .....  Corporation name (if applicable) .....  Position (office) held .....  Signature ..... Date signed <table border="0"><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D		M	M		Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D		M	M		Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D		M	M		Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D		M	M		Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D		M	M		Y	Y	Y	Y
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<p><b>IMPORTANT!</b></p> <p>Please make sure you:</p> <ul style="list-style-type: none"> <li>provide all necessary information and documentation</li> <li>sign the application</li> <li>return all pages of the application form.</li> </ul>	<p><b>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 Government Service Office.</b></p> <p><b>By mail:</b>  Registration Services Unit, GPO Box 3111, Brisbane QLD 4001</p> <p><b>In person:</b>  Visit <a href="http://www.qld.gov.au/fairtrading">www.qld.gov.au/fairtrading</a> or call <b>13 QGOV</b> (13 74 68) for information and your nearest Fair Trading Office or Queensland Government Service Office.</p>																																																																																																				

**This section has been intentionally left blank.  
Proceed to next section for payment details.**

## Payer details

This section must be completed if payment has been made by another person on behalf of the applicant.

Name .....

Postal address .....

Suburb ..... State    Postcode

Mobile ..... Fax number .....

Receipt request Yes ☐ No ☐

Email .....

## Payment

### Payment details

☐ Cash—pay in person ☐ Debit/Credit card ☐ Money order ☐ Cheque

**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](http://www.qld.gov.au/fairtrading)

Debit/Credit card number:

Cardholder's name:

.....

Amount authorised:

\$ ..... Expiry date:   /

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.qld.gov.au/fairtrading](http://www.qld.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](http://www.qld.gov.au/fairtrading) or call **13 QGOV** (13 74 68) for your nearest Fair Trading Office or Queensland Government Service Office.