



# Application for approval of a merger between co-operatives

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

### Names of merging co-operatives

Registered state must be in Australia.

What are the names of the merging co-operatives?

Merging co-operative..... State    Reg No .....

Merging co-operative..... State    Reg No .....

Merging co-operative..... State    Reg No .....

Merging co-operative..... State    Reg No .....

## Part 2—Co-operative details continued

### Section 2

#### Name, street address and postal address of the merged co-operative

What is the name of the merged co-operative?

Merged co-operative .....

What is the street address of the merged co-operative's registered office?

Address .....

Suburb ..... QUEENSLAND Postcode

What is the street address of the merged co-operative's principal place of business?

Address .....

Suburb ..... State  Postcode

What is the postal address of the merged co-operative?

..... State  Postcode

### Section 3

#### Type of merged co-operative

The merger between the co-operatives will result in a co-operative which will be a:  
(tick boxes that applies)

☐ Distributing

☐ Non-distributing with share capital

☐ Non-distributing without share capital

## Part 3—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 4—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 5—Director details

### Director details

Please provide details of the directors elected to the co-operative board of the merged co-operative. 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 6—Declaration and checklist

<b>Declaration</b>	<p>I declare that:</p> <ul style="list-style-type: none"> <li>• I am authorised to lodge this application on behalf of all co-operatives proposing to merge and all co-operatives involved in the merger have passed a special resolution by special postal ballot or, if approved by the Registrar, a resolution of the board approving the proposed merger.</li> <li>• There have been no changes, additions or omissions to the disclosure statement(s) approved by the Registrar under sections 397 or 477 of the <i>Co-operatives National Law (Queensland)</i> sent to each of the co-operatives' members.</li> <li>• I certify there is no good reason why the merger should not take effect.</li> <li>• No director of the proposed merged co-operative is disqualified under sections 181 and 182 of the <i>Co-operatives National Law (Queensland)</i>.</li> <li>• At least two directors of the proposed merged co-operative are ordinarily resident in Australia in accordance with s172 of the <i>Co-operatives National Law (Queensland)</i>.</li> <li>• The proposed merged co-operative has the prescribed number of active members in accordance with the <i>Co-operatives National Law (Queensland)</i>.</li> <li>• The primary and majority of activities of the proposed merged co-operative will be conducted in Queensland.</li> <li>• The particulars contained in this application and other documents are true and correct.</li> <li>• I acknowledge that it is an offence under section 514 of the <i>Co-operatives National Law (Queensland)</i> to provide the Registrar with false or misleading documents.</li> </ul> <p>I have enclosed the following (please tick box):</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>Checklist</b>	<p>I have enclosed the following (please tick box):</p> <p><input type="checkbox"/> Two copies of the proposed rules of the merged co-operative signed by the chairperson and secretary of each co-operative that is party to the merger</p> <p><input type="checkbox"/> Certificates of registration of the local co-operatives that are parties to the merger or statutory declarations as to loss or destruction of certificates. For participating co-operatives to the Registrar of the participating jurisdiction</p> <p><input type="checkbox"/> If a special resolution, Form 6 completed by each co-operative which is party to the merger</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>Name (please print) .....</p> <p>Position (office) held .....</p> <p>Signature ..... Date signed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>D D M M Y Y Y Y</small></p>
<b>Lodgement details</b>	
<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>The prescribed fee for the particular application is available at <a href="http://www.qld.gov.au/fairtrading">www.qld.gov.au/fairtrading</a>.</p> <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>

## 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.