



APPLICATION FOR REGISTRATION OF A FOREIGN COOPERATIVE (Non- Participating)- FORM C2.2

Cooperatives Act 2002
Cooperatives Regulation 2003

PURPOSE

This form is to be used when a proposed cooperative wishes to register as a non-participating foreign cooperative under section 370 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 is not accompanied by the prescribed fee.
- 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. There is a Credit Card Payment Authorisation Form at the back of this form you could 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

- A foreign cooperative must not carry on business in the ACT unless it is registered under section 373 of the Act. Section 367 of the Act lists activities requiring a cooperative to be registered in the ACT and can be accessed at <http://www.legislation.act.gov.au/a/2002-45/default.asp>
- A *non-participating cooperative* means a cooperative registered or formed in a jurisdiction without a cooperatives law that equates that of the ACT.
- This application must be accompanied by the documents listed over the page – please tick the boxes to declare compliance with prescribed requirements, as indicated.
- **Part B** of this form must be signed by either a Director or the Secretary of the applicant cooperative.

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.

LODGE MENT 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





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Cooperatives Act 2002
Cooperatives Regulation 2003

| | | | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1. NAME OF COOPERATIVE | | COOPERATIVE NUMBER | C0 |
| | | TOTAL 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 | OFFICE HOURS | |
| | FROM: | TO: |
| | STATE / TERRITORY | POSTCODE |
| | | |

| | | |
|---------------------------------------------------|--------------------------|-----------------|
| 3. PREFERRED POSTAL ADDRESS OF COOPERATIVE | | |
| | | |
| | STATE / TERRITORY | POSTCODE |
| | | |

| | | |
|-----------------------------------------------------------------------------------------|--------------------|----------------|
| 4. APPLICANT DETAILS | | |
| 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 |
| | | |
| POSTAL ADDRESS <i>(If different to home address)</i> | | |
| | | |
| CITY/ SUBURB/ TOWN | STATE / TERRITORY | POSTCODE |
| | | |
| TELEPHONE NUMBER | EMAIL ADDRESS | |
| () | | |

5. CONTACT PERSON DETAILS *(Authorised agent in accordance with section 370(2)(b)(iii) of the Act)*

| | | |
|---------------------------------------------------------------------------------------|--------------------------------|-----------------|
| TITLE <i>(Mr, Mrs)</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. CHECKLIST OF ATTACHMENTS

| REQUIRED DOCUMENTATION | ATTACHED |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A copy of the current rules of the cooperative | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The documents prescribed by s34 of the Regulation: <ul style="list-style-type: none"> - A copy of the cooperative's certificate of registration - A copy of the latest audited accounts of the cooperative - The full name, date and place of birth and home address of each director of the cooperative | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A statement, in form of a statutory declaration (see PART B of this form) by a director or the secretary of the applicant cooperative, setting out: <ul style="list-style-type: none"> - The full name and address of each person who will act as agent of the cooperative in the ACT, and - The address of the proposed registered office of the cooperative in the ACT, and - A copy of an instrument appointing a person resident in the ACT (other than a corporation incorporated outside the ACT) as a person on whom all notices and legal process may be served on behalf of the cooperative | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |

11. APPLICANT STATEMENT

I, *(full name of the applicant)*..... confirm that the particulars shown on this form are true and correct. I have read the Privacy statement and important information on the front of this form.

Name:.....

Signature:

Date:/...../.....

PAYMENT DETAILS FOR POSTAL APPLICATIONS ONLY

| | | | | | | | | | |
|-------------------------------------------------------------------|--|-------------|--|----------------------|--|--------|--|----|--|
| <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard | | Expiry Date | | / | | Amount | | \$ | |
| Cardholder Name | | | | Cardholder Signature | | | | | |
| Card Number | | | | | | | | | |

PLEASE NOTE: Payments may be made by cheque, money order or credit card if lodged by post, or also by cash or EFTPOS if lodged in person. Applications paid by personal cheque will be held for 7-10 working days for the cheque to clear.

PART B – FOREIGN COOPERATIVE REGISTRATION APPLICATION FORM

STATUTORY DECLARATION

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 a registration of a foreign 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
- That the information listed below is accurate at the time of lodgment of this application.
- That I am a person authorised under section 33 of the *Cooperatives Regulation 2002* - being either a Director or Secretary of the applicant cooperative - to complete and sign this declaration.

1 I have attached a copy of the current rules of the cooperative approved by the members. Yes No

2 I have attached a true copy of an instrument appointing _____ *(full name)*..... being a resident of the ACT as a person to whom all notices and legal processes may be served on behalf of the cooperative. Yes No

The full name and address of each person who will act as an agent of the cooperative in the ACT is as follows:

- NAME:.....
ADDRESS:.....
- 3 NAME:
ADDRESS:
- NAME:
ADDRESS:

The address of the proposed registered office of the cooperative in the ACT is as follows:

4

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 corporation.

NOTE: This part applies only if declaration is made by a director.

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 (*must be a Director or the Secretary of the Cooperative*)

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'with) 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>