# Application to approve merger of co-operatives

*Co-operatives National Law (Victoria)*

Email enquiries: cav.registration@justice.vic.gov.au
Web: [consumer.vic.gov.au/co-operatives](http://www.consumer.vic.gov.au/co-operatives)
GPO Box 4567 Melbourne VIC 3001
Telephone: 1300 55 81 81

## Things to know before starting your application

Before applying for approval of a merger each co-operative must send to each of its members a disclosure statement approved by the Registrar. If you have not already had the disclosure statement approved by the Registrar you must first complete an ‘Application to approve name and disclosure statement/s for merger of co-operatives’ form available at [consumer.vic.gov.au/co-operatives](http://www.consumer.vic.gov.au/co-operatives).

Before making this application, the proposed merger must have been approved by each of the co-operatives by a special resolution passed by a special postal ballot.

## Lodging this application

* **Do not lodge by email. We cannot accept forms containing credit card numbers that are emailed to us.**
* You can complete the form onscreen and print it out or print and complete by hand.
* If completing the form by hand, please use a blue or black pen and print clearly using block letters.
* Attachments are required as part of this application. Refer to the document checklist at question **11**.
* Post your form and attachments to GPO Box 4567 Melbourne VIC 3001.

## Fees

* The application fee is $87.50, PLUS the filing fee for the registration of the special resolution/s is $87.50 per special resolution.
* Fees must be paid at the time of application.

## Lodgement person

|  |
| --- |
| 1. Who is lodging this application?
 |
| Surname |  |
| Given names |  |
| Address (including postcode) |  |
| Daytime telephone number |   |
| Email address |  |

## Details of co-operatives proposing to merge

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| 1. List all co-operatives proposing to merge
 |
| Name of co-operative | Where registered (Australian State) | Registration number |
|  |  |  |

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| 1. What is the proposed name of the merged co-operative?
 |
|  |
| 1. **What are the proposed rules of the merged co-operative?**

Choose one only (Mark with an X) |
| Own rules (you must choose this option of your rules differ in any way from the model rules) |  |
| The model rules in full, to be adopted as in force at a particular time (recommended) |  |
| The model rules in full, to be adopted as in force from time to time |  |
| 1. What is the address of the proposed merged co-operative’s registered office?

This must be located in Victoria and must be a street address. PO boxes cannot be accepted. |
| Address (including postcode) |  |
| 1. What is the postal address of the proposed merged co-operative? Can be a PO box
 |
| Same as registered office (type yes or no) |  | If no, specify different address below |
| Address (including postcode. Can be PO box) |  |
| 1. Merged co-operative contact numbers and email
 |
| Daytime telephone number |  |
| Registered email address to receive all electronic correspondence |  |
| 1. For the first financial year of the proposed merged co-operative is it estimated: Type yes or no
 |
| 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?  |  |
| 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 Law.
 |  |
| 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 at the end of the financial year? |  |
| 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? |  |
| 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. |  |

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| 1. Provide details of the board members elected to the co-operative board at the formation meeting

If more than 5 board members, photocopy this page as required or attach a separate list with the all board member details as specified below |
| **Secretary** |
| First name |  |
| Surname |  |
| Address (must be in Australia) |  |
| Occupation |  |
| Date of birth |  |
| Place of birth |  |
| Mobile number |  |
| Email |  |
| Also a director? (type yes or no) |  |
| **Member** |
| First name |  |
| Surname |  |
| Address |  |
| Occupation |  |
| Date of birth |  |
| Place of birth |  |
| Also a director? (type yes or no) |  |
| **Member** |
| First name |  |
| Surname |  |
| Address |  |
| Occupation |  |
| Date of birth |  |
| Place of birth |  |
| Also a director? (type yes or no) |  |
| **Member** |
| First name |  |
| Surname |  |
| Address |  |
| Occupation |  |
| Date of birth |  |
| Place of birth |  |
| Also a director? (type yes or no) |  |
| **Member** |
| First name |  |
| Surname |  |
| Address |  |
| Occupation |  |
| Date of birth |  |
| Place of birth |  |
| Also a director? (type yes or no) |  |

## Declaration and signature

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| 1. I declare that:
* 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 of members.
* There have been no changes, additions or omissions to the disclosure statement(s) approved by the Registrar under section 397 of the *Co-operatives National Law (Victoria)* sent to each of the co-operatives’ members.
* I certify there is no good reason why the merger should not take effect.
* No director of the proposed merged co-operative is disqualified under sections 181 and 182 of the *Co-operatives National Law (Victoria).*
* At least two directors of the proposed merged co-operative are ordinarily resident in Australia in accordance with s172 of the *Co-operatives National Law (Victoria)*.
* The proposed merged co-operative has the prescribed number of active members in accordance with the *Co-operatives National Law (Victoria)*.
* The primary and majority of activities of the proposed merged co-operative will be conducted in Victoria.
* The particulars contained in this application are true and correct. I acknowledge that it is an offence under section 514 of the *Co-operatives National Law (Victoria)* to provide the Registrar with false or misleading documents.
 |
| Signature | X  |
| Date |  |

## Document checklist

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| 1. Your application cannot be processed without the following documents (Mark with an X)
 |
| Two copies of the proposed rules for the merged co-operative. |  |
| Copy of the special resolution passed by each co-operative involved in the merger |  |

## How to lodge and pay

**The application and filing fees must be paid at the time of application**. There is no GST payable.

Use paperclips and not staples for all documents. The signature of the person lodging this form must be included in question 10. If paying by credit card fill in the details below or attach a cheque or money order made payable to ‘Consumer Affairs Victoria’ to the application form.

## What happens when you lodge your application

* You may be required to provide further information.
* When the form is completed correctly and all necessary documents are attached, you will receive notification of the Registrar’s decision, together with a Certificate of Registration for the merged co-operative.
* If any change occurs in the information you have provided in your application, you must notify Consumer Affairs Victoria as soon as possible.

## Credit card details

The application fee is $87.50, PLUS the filing fee for the registration of the special resolution/s is $87.50 per special resolution.

Please debit my (choose one of two credit card types. Mark the choice with an X, then complete the rest of the card details)

|  |  |
| --- | --- |
| Visa |  |
| Mastercard |  |
| Amount | $  |
| Card number |  |
| Expiry date |  |
| CCV number (3 numbers) |  |
| Name of cardholder |  |
| Signature of cardholder | *X*  |
| Date |  |
| Daytime telephone number of cardholder |  |

The *Co-operatives National Law (Victoria)* can be found on the Victorian Government Legislation and Parliamentary document website.

Privacy – CAV is committed to responsible and fair handling of your personal information, consistent with the laws we administer and the *Privacy and Data Protection Act 2014*. Some information on this form will be placed on a public register in accordance with the *Co-operatives National Law (Victoria).* We may be unable to process this application if you do not provide the required information. You can contact us at any time to request access to the personal information we hold about you. In exceptional circumstances, you may apply to have public access to your personal information restricted. Our privacy statement and other privacy information are available at the [consumer.vic.gov.au/privacy](http://www.consumer.vic.gov.au/privacy) or on request.

July 2023