

# Application to make changes to your co-operative

1. Registration number of co-operative   
Name of co-operative   
Address of registered office   
 Postcode

2. Do you want to change the co-operative's name?  
No   
Yes  To what?   
Please give two alternative names in case your first choice is not approved.  
1   
2

3. Do you want to change your existing rules?  
(This requires a special resolution)  
No   
Yes  List the paragraph numbers of the rules you want to change  
  
Please attach the exact new wordings for each rule

4. Have you changed any personnel on the Board of Directors?  
No   
Yes  Who is being replaced?  
  
When  /  /   
Name of new person   
Position   
Home address   
 Postcode  
Date of birth  /  /  Place of birth   
Occupation, if director

5. Do you want to change the address of the registered office?  
No   
Yes  To what?   
  
Please attach a separate page if you need more room

6. Do you want to change to transfer your co-operative's incorporation to another form of incorporated body?  
(This requires a special resolution)  
No   
Yes  To what?  
 Co-operative  
 Association  
 Other

7. Do you want to merge or takeover other co-operatives?  
(This requires a special resolution)  
No   
Yes  merger  Takeover   
Please give the names of co-operatives involved  
  
  
  
(Please attach the disclosure statement)

8. Do you want to expel or re-admit a member?  
(This requires a special resolution)  
No   
Yes  Which?  Expel  Re-admit  
Who is the member?  
  
According to which rule?

9. Do you want to dissolve your co-operative?  
No   
Yes  Why?  
  
  
Please attach a separate page if you need more room

## Application fee

- For the amount of the application fee to change rules only, call us on 1300 36 16 73 to find out the fee or visit [www.consumer.vic.gov.au](http://www.consumer.vic.gov.au).

## Changes requiring a special resolution

If we approve the change, and if applicable, your disclosure statement, we will send you further instructions on what to do next.

Signature of director/secretary  X  Date  /  /   
Telephone  Fax

**Privacy** – CAV is committed to responsible and fair handling of your personal information, consistent with the laws we administer and the *Information Privacy Act 2000*. We may be unable to process this form 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 is available at [www.consumer.vic.gov.au](http://www.consumer.vic.gov.au) or on request.



## How to pay for this application

Please attach any cheques or extra pages by paperclip.  
Do not staple.

### There is no GST payable on this fee.

The fee can be paid by:

- **credit card** – fill in the details below
- **cheque** made payable to ‘Consumer Affairs Victoria’
- **money order** made payable to ‘Consumer Affairs Victoria’
- **cash** – only if paying in person at the counter.

### If paying by credit card, fill in the details here

Visa  Mastercard  Amex

Amount  
\$

Card number

Card expiry date      CCV number\* (see note below)

/      

Name of cardholder

Signature of cardholder

Date

\*Note on CCV numbers: Credit cards are now issued with a CCV number. This is the last three numbers located on the signature strip on the back of the card. If your credit card has been allocated this number enter the three numbers in the space provided.