# Application to approve name and disclosure statement/s for merger of co-operatives

*Co-operatives National Law (Victoria)*

Email enquiries: cav.registration@dgs.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

This form is to be used to apply for approval of the co-operative name and disclosure statement/s before sending to members.

Before applying to merge two or more co-operatives, each co-operative must send to each of its members a disclosure statement approved by the Registrar stating:

* the financial position of each co-operative concerned in the proposed merger as shown in financial statements prepared as at a date not more than 6 months before the date of the statement; and
* any interest any officer of each co-operative has in the proposed merger; and
* compensation or other consideration proposed to be paid, or other incentive proposed to be given, to any officer or member of each co-operative in relation to the proposed merger; and
* the reason for the merger; and
* other information the Registrar directs.

## 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 **6.**
* Post your form and attachments to GPO Box 4567 Melbourne VIC 3001.

## Fees

The fee for this application is $318.40 per disclosure statement, which 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

|  |
| --- |
| 1. List all co-operatives proposing to merge
 |
| Name of co-operative | Where registered (Australian State) | Registration number |
|  |  |  |
| 1. What is the name of the proposed merged co-operative?

The name you propose may not be accepted because it is deemed unsuitable or similar or identical to an existing name. To check to see if your name already exists or is similar you can search [ASIC's organisation and business names register](http://connectonline.asic.gov.au/) (asic.gov.au).If your first choice of co-operative name is unavailable, you have the option to list two other preferred names here. We will use this list to automatically register the first available name. Please consider your preferences carefully as you will not be contacted to confirm the name that is registered. Your preferences should be substantially different to each other and existing names. |
| Proposed name |  |
| Second preference |  |
| Third preference |  |
| 1. What type of co-operative are you proposing to form? Choose one only (Mark with an X)
 |
| **A distributing co-operative**with share capital andthat is not prohibited from giving returns or distributions on surplus or share capital |  |
| **A non-distributing co-operativethat has share capital** but is prohibited from giving returns or distributions on surplus or share capital to members, other than the nominal value of shares (if any) at winding up |  |
| **A non-distributing co-operativethat has no share capital** |  |

## Declaration and signature

|  |
| --- |
| 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 proposed merger agree to the proposed merger.
* 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

|  |
| --- |
| 1. Your application cannot be processed without the following documents (Mark with an X)
 |
| A copy of each disclosure statement of each co-operative proposing to merge. An example of a disclosure statement is available at [consumer.vic.gov.au/co-operatives](http://www.consumer.vic.gov.au/co-operatives).The disclosure statement for a distributing co-operative must contain the information necessary to ensure prospective members are adequately informed of the nature and extent of a person’s financial involvement or liability as a member of the merged co-operative, including if applicable:* the estimated costs of formation
* the active membership provisions of the proposed co-operative
* the rights and liabilities attaching to shares in the proposed co-operative
* the capital required for the co-operative at the time of formation
* the projected income and expenditure of the co-operative for its first year of operation
* information about any contracts required to be entered into by the co-operative
* any other information that the Registrar directs to be included.
 |  |

## How to lodge and pay

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

* Use paperclips and not staples for all documents.
* A signature must be included in question 5.
* If paying by credit card fill in the details on the next page 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 next steps in the merger process.
* 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 fee for this application is $318.40 per disclosure statement.

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 2024