

Application to approve change of co-operative name

Co-operatives National Law (South Australia)

Email enquiries: associations@agd.sa.gov.au

Web: cbs.sa.gov.au/wcm/licensing-and-registration/co-operatives/

Postal: GPO Box 1719 Adelaide SA 5001

Telephone: 131 882

Things to know before starting your application

The name of a co-operative:

- May consist of words, numbers or a combination of both.
- Must include the word “Co-operative” or “Cooperative” or the abbreviation “Co-op” or “Coop”.
- Must have the word “Limited” or the abbreviation “Ltd” as the last word.

How to complete this form

- You can complete the form by hand, using a blue or black pen and print clearly using block letters.
- Attachments are required as part of this report. Refer to the document checklist at question 7.
- Post your form and attachments to GPO BOX 1719 Adelaide SA 5001.

Fees

- Fees must be paid at the time of application.

Details of co-operative

1. Provide details of the co-operative

| | |
|----------------------------------|--|
| Co-operative registration number | |
| Registered name of co-operative | |

Register new name

2. What new name are you proposing to register for the 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 (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 | |

3. What date was the resolution passed to register a new name? (dd/mm/yyyy)

| |
|--|
| |
|--|



4. Are you attaching the co-operative's current registration certificate, for surrendering? Choose one only (Mark with an X)

| | | |
|-----|--------------------------|-------------------|
| Yes | <input type="checkbox"/> | Go to question 6. |
| No | <input type="checkbox"/> | Go to question 5. |

5. Please identify why the certificate cannot be provided

6. Declaration and signature

I declare that:

I am authorised to lodge this application on behalf of the co-operative.

The change of co-operative name was passed by a special resolution of the co-operative members.

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 (South Australia)* to provide the Registrar with false or misleading documents.

| | |
|------------------------------|---|
| Signature | X |
| Printed name | |
| Relationship to co-operative | |
| Date (dd/mm/yyyy) | |
| Daytime telephone number | |
| Email address | |

Document checklist

Mark with an X

| | |
|---|--------------------------|
| Certificate of registration | <input type="checkbox"/> |
| Copy of the special resolution to change the name of the co-operative | <input type="checkbox"/> |

What happens when you lodge your application

You will either receive new certificate of registration of the name or be advised why the new name has not been approved.

A change of name does not take effect until the Registrar has noted the change on the certificate of registration.

Within 28 days of the new name being registered, the co-operative must advertise the change of name in at least one newspaper circulating in the locality or localities in which the co-operative carries on business.

If any change occurs in the information you have provided in your application, you must notify Consumer and Business Services SA as soon as possible.

How to lodge and pay

If lodging electronically

- The total email size cannot exceed 10MB.
- The name (signature) of the person lodging this form must be included in question 6.
- Enter the credit card details below.
- Email your application and attachments to associations@agd.sa.gov.au

If posting the application and attachments

- Use paperclips and not staples for all documents.

The signature of the person lodging this form must be included in question 6.

If paying by credit card fill in the details below or attach a cheque or money order made payable to 'Consumer and Business Services' to the application form.

Credit card details

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 (SA)* can be found at the Schedule to the *SA Co-operatives National Law (South Australia) Act 2013*.

Privacy- CBS is committed to responsible and fair handling of your personal information, consistent with the laws we administer and the Freedom of Information Act 1991. Some information on this form will be placed on a public register in accordance with the *Co-operatives National Law (SA)*. 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 and Business Services** website or on request.