

# Application for prior approval of rule amendment(s)

*Co-operatives National Law (South Australia)*

**Email enquiries:** [associations@agd.sa.gov.au](mailto:associations@agd.sa.gov.au)

**Web:** [cbs.sa.gov.au/wcm/licensing-and-registration/co-operatives/](http://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

This form is required for any proposed changes to the rules relating to the following provisions that require the prior approval of the Registrar before the resolution amending the rules is passed by the co-operative:

- Active Membership.
- Primary activities.
- Conversion of a non-distributing to a distributing co-operative.
- Winding up.
- Issue or sale of shares or CCUs.

## Lodging this application

- If completing the form by hand, please use a blue or black pen and print clearly using block letters.
- Post your form and attachments to GPO BOX 1719 SA 5001.

## Fees

The application fee must be paid at the time of application

## Details of co-operative

### 1. Provide details of the co-operative

Co-operative registration number	
Name of co-operative	

## Details of rule amendment/s

2. Provide the full text of the proposed rule amendments, including the rule number(s), and note any rule deletions.  
If there is not enough space, please attach extra pages to this form.



3. Are you seeking approval of a rule amendment to convert a non-distributing co-operative to a distributing co-operative (Mark with an X)

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

### Declaration and signature

4. I declare that:

- I am seeking approval of the amendment in accordance with the *Co-operatives National Law (South Australia)*.
- I am authorised by the co-operative to lodge this application and 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	

### What happens when you lodge your application

- If the form is completed correctly and any necessary documents are attached, you will receive notification of whether or not the proposed rule amendment/s has been approved.
- 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

**The application fee 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 4.
- If paying by credit card fill in the details on the next page or attach a cheque or money order made payable to 'Consumer and Business Services' to the application form.

The *Co-operatives National Law (South Australia)* can be found on the South Australian Government Legislation website.

**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.

### 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	