Department of **Local Government, Industry Regulation and Safety**

GOVERNMENT OF WESTERN AUSTRALIA

Form 12

This form is effective from July 2025

Application for an extension or abridgement (shortening) of time

Co-operatives Act 2009 449

Please read this information before completing this form

About this form

Use this form to apply to the Registrar of Co-operatives to extend or abridge (shorten) a time limit for doing anything required under *Co-operatives Act 2009* (the Act) or by the co-operatives rules

NOTE: If an extension is required for more than one purpose, separate applications must be made.

How to complete this form

- You can complete this form onscreen and print it out or print and complete by hand.
- If completing by hand use a blue or black pen and print using BLOCK letters.
- Complete sections 1,2 and 4 in every case.
- Only complete section 3 if you are attaching supporting documentation to this form.

Fees

Please refer our Co-operatives fees and forms webpage for the current fees. Fees are exempt from GST and subject to change without notice.

Guides and related information

Examples of circumstances where an application for extending or shorting a time limit may be made include:

- holding the Annual General Meeting;
- submitting the annual return to the Registrar; or
- notice periods

You will need to provide detailed reasons that explain why extension or abridgement is required. You can attach any supporting documentation or evidence you consider relevant to this form.

Applicants are advised to lodge forms well in advance of the requested date/ time frame. Sufficient time should be allowed to enable the Department to consider the request and to enable the co-operative to undertake the activity by the ordinary due date if the application is refused.

Co-operatives should not proceed on the assumption that an extension or abridgement will be automatically granted.

Privacy

Consumer Protection at the Department of Local Government, Industry Regulation and Safety (LGIRS) is collecting information on this form for the purposes of the *Co-operatives Act 2009* (the Act).

In accordance with the Act, a register of this information and any documents lodged with the Registrar of Co-operatives will be available for inspection by the public upon payment of a prescribed fee. In other instances, information on this form can be disclosed without your consent where authorised or required by law.

How to lodge and pay

Once you have completed this form and have your supporting documents ready, you can lodge this form using one the following methods:

In person:	Bring your completed form and supporting documents to our cashier counter services located at: Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON Hours: 8:30 am to 4:30 pm (weekdays)
By post	• **If you are making payment by credit card or Bpay** after we receive your form, you will be issued with a Payment Number (PN) so that you can make payment using the Department's secure online payment gateway at https://payportal.demirs.wa.gov.au/. • **If you are making payment by cheque or money order** attach a cheque or money order made payable to "Department of Local Government, Industry Regulation and Safety" to the completed form. **Post to:** Department of Local Government, Industry Regulation and Safety, Consumer Protection, Associations & Charities Branch Locked Bag 14 CLOISTERS SQUARE PERTH WA 6850

What happens next

- The form and supporting documents will be reviewed. The contact person will be notified in writing if further information is needed.
- If the application is approved, the contact person will receive written notice of the approval. If the application is refused, we will provide notification of the reasons why.
- Co-operatives should not proceed on the assumption that the extension or abridgement will be automatically granted. The contact person will be advised in writing is the extension or abridgement is granted
- If any change in the information you have provided in your application occurs, you must notify the Department as soon as possible.

Contact

For assistance with completing this form, information about the progress of your application or general information about co-operatives, please contact us:

Telephone	**1300 30 40 74 or (08) 6552 9300** (8:30 am to 4:30 pm weekdays)
Email	**cooperatives@lgirs.wa.gov.au**
Website	**www.lgirs.wa.gov.au/co-ops**

The above information is intended as a guide only and is included to assist you in completing and lodging this form. This page is not part of the form. If required, professional advice should be obtained regarding the matters dealt with in this form

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OFFICE USE ONLY

SECTION 1 – CO-OPERATIVE DETAILS

Co-operative registration number

C

Name of co-operative

SECTION 2 – PURPOSE OF APPLICATION

Is the application for an extension or abridgement of time?

☐ Extend a timeframe

☐ Abridge (shorten) a timeframe

What are you applying for an extension or shortening of time to do?

☐ Hold the annual general meeting

- The year which the AGM applies is:
- Has the co-operative held any previous AGM?
  - ☐ No
  - ☐ Yes
    - The date of the last AGM held is:

☐ Lodge the annual return with the Registrar

☐ Another time limit required by the Act or rules

- Which section of the Act or rules does this application relate?

SECTION 2 – PURPOSE OF APPLICATION (cont)

Date to which the extension or shortening is sought :

From original date:

(dd/mm/yyyy – ie 30/06/2022)

To proposed date:

(dd/mm/yyyy)

OR

From original number of days:

To proposed number of days

What are the reasons for applying for an extension of shortening of time?

SECTION 3 - DOCUMENT CHECKLIST

I have attached the following documents in support of this application (as applicable):

- ☐ _____
- ☐ _____
- ☐ _____

SECTION 4 – DECLARATION AND SIGNATURE

I declare that:

- I am authorised to lodge this application for this co-operative.
- All of the information contained in this application, and any documents accompanying it, are true and correct.
- I understand that it is an offence under section 477 of the *Co-operatives Act 2009* to give to the Registrar a document containing false or misleading information.

Signature

Date signed

Name of person signing this form

Address

Suburb

State

Postcode

Position held

Daytime telephone number

Email

Who should be contacted if there is a query about this form?

☐ The person signing the declaration

☐ The person named below:

Name of contact

Address

Suburb

State

Postcode

Daytime telephone number

Email