

Form 13

This form is effective from July 2025

Notice of appointment, cessation or changes in co-operatives directors and officers

Co-operatives Act 2009 s234

Please read this information before completing this form

About this form

Use this form to notify the Registrar of changes in the details of a co-operatives directors or officers (secretary or chief executive officer) including:

- appointment of a new secretary, chief executive officer or director
- cessation of a secretary, chief executive officer or director;
- changes to the residential address or name of an existing secretary, chief executive officer or director; and/or
- change of name of an existing secretary, chief executive officer or director.

Lodgement period

Within 28 days after the appointment or cessation of appointment of a director or officer occurring. For most co-operatives, this form will need to be completed after each annual general meeting.

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, 9, and 10 of the form in all cases.
- **Only complete Sections 3, 4, 5, 6, 7 and 8 as relevant.**

Fees

There is no fee for lodging this form on time. However, late filing fee applies if the form is submitted more than 28 days after the change occurs.

Please refer our [Co-operatives fees and forms webpage](#) for the current late filing fees. Fees are exempt from GST and subject to change without notice.

Guides and related information

The business of a co-operative is to be managed by a board of directors. The board must consist of at least three directors, two of which must resident in Australia.

A co-operative must have a secretary at all times, who ordinarily lives in Australia. It is the secretary's responsibility to provide this notification.

How to lodge and pay

Once completed this form can be lodged using one of the following methods:

In person:	Bring the completed form to: Gordon Stevenson House Level 2, 140 William Street PERTH Hours: 8:30 am to 4:30 pm (weekdays)
By post	Post the completed form to: Department of Local Government, Industry Regulation and Safety, Consumer Protection, Associations & Charities Branch Locked Bag 14 CLOISTERS SQUARE PERTH WA 6850 If a late filing fee is due, once Consumer Protection has received the form you will be issued with a Payment Number (PN) so that you can make payment using our secure online payment portal at https://payportal.demirs.wa.gov.au/
By email	Email the completed form to cooperatives@lgirs.wa.gov.au If a late filing fee is due, once Consumer Protection has received the form you will be issued with a Payment Number (PN) so that you can make payment using our secure online payment portal at https://payportal.demirs.wa.gov.au/

What happens next

- The form will be reviewed. The contact person will be notified in writing if further information is needed.
- If the form is completed correctly, the information will be recorded on the Register of Co-operatives. Confirmation that the information has been recorded will be provided.
- If any change in the information you have provided in your application occurs, you must notify Consumer Protection as soon as possible.

Privacy

The Department of Local Government, Industry Regulation and Safety, Consumer Protection is collecting information on 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 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.

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 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

Form 13 - Notice of appointment, cessation or changes in co-operatives directors and officers

Co-operatives Act 2009 s234, Regulation 16

OFFICE USE ONLY

SECTION 1 – CO-OPERATIVE DETAILS

Co-operative registration number

C

Name of co-operative

SECTION 2 – PURPOSE OF APPLICATION

Which changes are you providing notification of?

(Choose all that apply)

- ☐ Appointment of new secretary or chief executive officer ► Complete **section 3**
- ☐ Appointment of new director ► Complete **section 4**
- ☐ Cessation of secretary or chief executive officer ► Complete **section 5**
- ☐ Cessation of directors ► Complete **section 6**
- ☐ Change of name for existing secretary, director or chief executive officer ► Complete **section 7**
- ☐ Change of residential address for existing secretary, director or chief executive officer ► Complete **section 8**

SECTION 3 – APPOINTMENT OF NEW SECRETARY OR CHIEF EXECUTIVE OFFICER

Provide details of new secretary or chief executive officer.

Secretary

First name

Family name

Former name(s) *(if any)*

Residential Address

Suburb

State

Postcode

Date of birth (dd/mm/yyyy)

Place of birth *(Town and State or Country if overseas)*

Date appointed (dd/mm/yyyy)

Also appointed director? ☐ Yes, date appointed:

☐ No

Chief executive officer

First name

Family name

Former name(s) *(if any)*

Residential Address

Suburb

State

Postcode

Date of birth (dd/mm/yyyy)

Place of birth *(Town and State or Country if overseas)*

Date appointed (dd/mm/yyyy)

Also appointed director? ☐ Yes, date appointed:

☐ No

SECTION 4 – APPOINTMENT OF NEW DIRECTORS

Provide details of new directors. If more than three, attach a separate list with the additional details or photocopy this page as needed.

Director

First name

Family name

Former name(s) (if any)

Residential Address

Suburb

State

Postcode

Date of birth (dd/mm/yyyy)

Place of birth (Town and State or Country if overseas)

Date appointed (dd/mm/yyyy)

Director

First name

Family name

Former name(s) (if any)

Residential Address

Suburb

State

Postcode

Date of birth (dd/mm/yyyy)

Place of birth (Town and State or Country if overseas)

Date appointed (dd/mm/yyyy)

Director

First name

Family name

Former name(s) (if any)

Residential Address

Suburb

State

Postcode

Date of birth (dd/mm/yyyy)

Place of birth (Town and State or Country if overseas)

Date appointed (dd/mm/yyyy)

SECTION 5 – CESSATION OF SECRETARY OR CHIEF EXECUTIVE OFFICER

Provide details of the ceasing secretary or chief executive officer.

Secretary

First name

Date of birth (dd/mm/yyyy)

Date ceased (dd/mm/yyyy)

Also ceasing as director? ☐ Yes, date ceased

Family name

Place of birth (Town and State or Country if overseas)

☐ No

Chief executive officer

First name

Date of birth (dd/mm/yyyy)

Date ceased (dd/mm/yyyy)

Also ceasing as director? ☐ Yes, date ceased

Family name

Place of birth (Town and State or Country if overseas)

☐ No

SECTION 6 – CESSATION OF DIRECTORS

Provide details of all ceasing directors. If more than three, attach a separate list with the additional details or photocopy this page as needed.

Director

First name

Date of birth (dd/mm/yyyy)

Date ceased (dd/mm/yyyy)

Family name

Place of birth (Town and State or Country if overseas)

Director

First name

Date of birth (dd/mm/yyyy)

Date ceased (dd/mm/yyyy)

Family name

Place of birth (Town and State or Country if overseas)

Director

First name

Date of birth (dd/mm/yyyy)

Date ceased (dd/mm/yyyy)

Family name

Place of birth (Town and State or Country if overseas)

SECTION 7 – CHANGES OF NAME FOR EXISTING OFFICER

Complete if the name of an existing officer (director, secretary, or chief executive officer) has changed. *If more than two, attach a separate list with the additional details or photocopy this page as needed.*

Officers full name previously notified

New first name (if applicable)

New family name (if applicable)

Date of birth (dd/mm/yyyy)

Position held

Date of change (dd/mm/yyyy)

Officers full name previously notified

New first name (if applicable)

New family name (if applicable)

Date of birth (dd/mm/yyyy)

Position held

Date of change (dd/mm/yyyy)

SECTION 8 – CHANGES TO RESIDENTIAL ADDRESS OF EXISTING OFFICER

Complete if the residential address of an existing officer (director, secretary, or chief executive officer) has changed. *If more than two, attach a separate list with the additional details or photocopy this page as needed.*

Officers full name

New residential Address

Suburb

State

Postcode

Date of birth (dd/mm/yyyy)

Position held

Date of change (dd/mm/yyyy)

Officers full name

New residential Address

Suburb

State

Postcode

Date of birth (dd/mm/yyyy)

Position held

Date of change (dd/mm/yyyy)

SECTION 9 – DECLARATION AND SIGNATURE

I declare that:

- ▶ I am a current officer of this co-operative and am authorised by the Co-operative to provide notification of these changes;
- ▶ All of the information contained in this application, and any information or documents given with or in support of this application are true and correct.
- ▶ I understand that providing false or misleading information or documents and failing to give information that renders the particulars contained in this form or the documents given with or in support of the application false or misleading is a criminal offence under the *Co-operatives Act 2009*.

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 this the declaration
- ☐ The person named below:

Name of contact

Address

Suburb

State

Postcode

Daytime telephone number

Email