

## Form 12

This form is effective from 1 July 2026

# Application for an extension or abridgement (shortening) of time

*Co-operatives Act 2009 449*

**Please read this information before completing this form**

### How to use 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-operative's rules

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

#### Lodgement period

Forms should be lodged well in advance of the requested date / time frame. Sufficient time should be allowed to enable the request to be considered, and the co-operative to undertake the activity by the ordinary due date in the event that the application is refused.

### 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.

If you lodge this form by post or email, you will be emailed a Payment Number (PN) to make payment either using BPAY or a credit card online using our secure online payment portal.

### How to lodge

You can lodge your completed form and supporting documents:

#### In person:

Customer Service  
Level 1, Mason Bird Building  
303 Sevenoaks Street, CANNINGTON  
  
*Hours: 8:30 am to 4:30 pm (weekdays)*

#### By post:

Associations and Charities  
Department of Local Government,  
Industry Regulation and Safety  
Locked Bag 14  
CLOISTERS SQUARE PERTH WA 6850

#### By email:

[cooperatives@lgirs.wa.gov.au](mailto:cooperatives@lgirs.wa.gov.au)

### What happens next

- Your form will be reviewed. You will be notified if further information is required.
- Co-operatives should not proceed on the assumption that an extension or abridgement will be automatically granted. You will be advised in writing on the outcome and whether the extension or abridgement is granted
- If any change in the information you have provided in this form occurs, please notify us as soon as possible.

### Contact

Telephone **1300 30 40 74 or (08) 6552 9300** (8:30 am to 4:30 pm weekdays)  
Email [cooperatives@lgirs.wa.gov.au](mailto:cooperatives@lgirs.wa.gov.au)  
Website [www.lgirs.wa.gov.au/co-ops](http://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 12 - Application for an extension or abridgment (shortening) of time

Co-operatives Act 2009 s449

OFFICE USE ONLY

When completed, this form is classed as "OFFICIAL SENSITIVE"

## 1 – CO-OPERATIVE DETAILS

Co-operative registration number

C

Name of co-operative

## 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?

FORM CONTINUES NEXT PAGE

## 2 – PURPOSE OF APPLICATION *(continued)*

**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?**

## 3 – DOCUMENT CHECKLIST

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*FORM CONTINUES NEXT PAGE*

## 4 – DECLARATION

I declare that:

- I am authorised to lodge this application for this co-operative.
- All of the information contained in this form, and any attachments, is to the best of my knowledge, complete, true and correct, and I have taken reasonable steps and made reasonable inquiries to confirm this; and
- I understand that giving false or misleading information or documents and failing to give information that renders the information in the form or documents false or misleading is a criminal offence under the *Co-operatives Act 2009*.

**Signature**

**Date signed**

**Full name of person signing this form**

## 5 - PRIVACY COLLECTION NOTICE

The Department of Local Government, Industry Regulation and Safety (LGIRS) collects the personal information you provide through this form to administer the *Co-operatives Act 2009 (WA)*, including assessing applications, processing annual returns and notifications, and maintaining records to support regulatory functions. For more information about how your personal information is handled, including disclosures and your privacy rights, please see the full [Privacy Collection Notice](#) on our website.

FORM CONTINUES NEXT PAGE

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

**Title**

**Given name**

**Family name**

**Address**

  

**Suburb**

**State**

**Postcode**

**Daytime telephone number**

**Email**