

# Application for extension or shortening of time

***Co-operatives National Law (Victoria)***

Email enquiries: [cav.registration@justice.vic.gov.au](mailto:cav.registration@justice.vic.gov.au)  
Web: [consumer.vic.gov.au/co-operatives](http://www.consumer.vic.gov.au/co-operatives)  
GPO Box 4567 Melbourne VIC 3001  
Telephone: 1300 55 81 81

## Before starting your application

This form can be used to apply for an extension or shortening of time for circumstances such as:

* holding the annual general meeting
* submitting annual statements
* notice periods.

This form cannot be used to apply for an extension or shortening of time for circumstances such as:

* changing the financial year end date – this can only be carried out via a change of rules.

The Co-operatives National Law (Victoria) can be found on the [Victorian Government Legislation and Parliamentary documents website](http://www.legislation.vic.gov.au/) (legislation.vic.gov.au).

## How to complete this form

* **Do not lodge by email. We cannot accept forms containing credit card numbers that are emailed to us.**
* You can complete the form onscreen and print it out or print and complete by hand.
* 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 4567 Melbourne VIC 3001.

## Privacy

For privacy information, please refer to the [Information statement page on the Consumer Affairs Victoria website](https://www.consumer.vic.gov.au/privacy) (consumer.vic.gov.au/privacy).

## Fee

The application fee is $87.50 which must be paid at the time of application.

## After you lodge your application

* You will be notified of the decision to grant an extension or shortening of time. You may need to provide further information.
* If any change occurs in the information you have provided in this application, you must notify Consumer Affairs Victoria as soon as possible.

## Application

|  |  |
| --- | --- |
| 1. Provide details of the co-operative | |
| Co-operative registration number |  |
| Name of co-operative |  |
| 1. Details of extension or shortening of time | |
| From original date  dd/mm/yyyy |  |
| To proposed date  dd/mm/yyyy |  |
| From original number of days |  |
| To proposed number of days |  |
| 1. What are you applying for an extension or shortening of time to do? | |
|  | |
| 1. What are the reasons for applying for an extension or shortening of time? | |
|  | |

## Declaration and signature

|  |  |
| --- | --- |
| 1. I declare that:  * I am authorisedto lodge this application for this co-operative. * The particulars contained in this application are true and correct and I acknowledge that it is an offence under section 514 of the *Co-operatives National Law (Victoria)* to give to the Registrar a document containing false or misleading information. | |
| Signature |  |
| Printed name |  |
| Relationship to co-operative |  |
| Date  dd/mm/yyyy |  |
| Daytime telephone number Mobiles OK. For landlines, include area code. |  |
| Email |  |

## Payment

**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 5.
* If paying by credit card fill in the details on the next page or attach a cheque or money order made payable to ‘Consumer Affairs Victoria’ to the application form.

### Credit card details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit card type Mark with an ‘X’. | Visa |  | MasterCard |  |
| Amount | $87.50 | | | |
| Card number |  | | | |
| Expiry date mm/yy |  | | | |
| CCV number |  | | | |
| Name of card holder |  | | | |
| Signature of card holder |  | | | |
| Date dd/mm/yyyy |  | | | |

## How to lodge your application

**Attach all documents required as part of your application and send to:**

Consumer Affairs Victoria  
GPO Box 4567  
Melbourne VIC 3001

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