

Form 1

**APPLICATION FOR REGISTRATION OF A
CO-OPERATIVE SOCIETY**

Section 24
Reg. Section 2

1. Name of proposed Co-operative Society.
.....
2. Location of proposed Co-operative Society.
.....
3. Postal Address of proposed Co-operative Society.
.....
.....
4. Main business location of proposed Co-operative Society.
.....
5. The following Documents **must** be submitted with this Form.
 - A. *List of eligible persons who applied for Membership.* (Form 3)
 - B. *Main Objectives of the Proposed Co-operative Society.* (Form 4)
 - C. *Reasons for believing that the Proposed Society will be able to achieve its Objectives. (Business Plan)* (Form 4)
 - D. *Names and addresses of proposed Board of Directors* (Form 5)
 - E. *Names, addresses and office of other office holders (if any)* (Form 6)
 - F. *Proposed Rules of the Cooperative Society.*
(Should be type written & attached)
 - G. *Consent of Directors (2) to proposed rules.* (Form 7)
 - H. *Statement on meeting of proposed Cooperative Society* (Form 8)
 - I. *Statement on Name of Society with Meeting Resolutions* (Form 9)

6. Declaration and Signature:

‘I certify that the information in this form is True and Correct, and the documents submitted with this form are True and Correct’.

Signature of Applicant:.....

Name of Applicant:.....

Note: This application must be signed by a proposed Director of the Co-operative Society.

Form 5

PROPOSED BOARD OF DIRECTORS

Section 23(b)

We the persons whose names appear in Form 3 have duly elected the following
to be the Board of Directors ofCo-operative Society
Limited.

1. Given Names: (Mr/Mrs/Miss)
Surname:
Date of Birth:
Occupation:
Contact Address:
.....
Signature of Proposed Director:.....Date:.....

2. Given Names: (Mr/Mrs/Miss)
Surname:
Date of Birth:
Occupation:
Contact Address:
.....
Signature of Proposed Director:.....Date:.....

3. Given Names: (Mr/Mrs/Miss)
Surname:
Date of Birth:
Occupation:
Contact Address:
.....
Signature of Proposed Director:.....Date:.....
4. Given Names: (Mr/Mrs/Miss)
Surname:
Date of Birth:
Occupation:
Contact Address:
.....
Signature of Proposed Director:.....Date:.....
5. Given Names: (Mr/Mrs/Miss)
Surname:
Date of Birth:
Occupation:
Contact Address:
.....
Signature of Proposed Director:.....Date:.....

6. Given Names: (Mr/Mrs/Miss)

Surname:

Date of Birth:

Occupation:

Contact Address:

.....

Signature of Proposed Director:.....Date:.....

7. Given Names: (Mr/Mrs/Miss)

Surname:

Date of Birth:

Occupation:

Contact Address:

.....

Signature of Proposed Director:.....Date:.....

Note: Directors should not be less than three (3). Should be 3 or more.

Co-operative Societies (Amended) Act 1985

Form 6

ELECTION OF OTHER OFFICERS

Section 25(e)

We the persons whose names appear in Form 3 have elected the following officers as office holders ofCo-operative Society Limited.

- 1. Given Names: (Mr/Mrs/Miss) Surname: Date of Birth: Contact Address: Proposed Position:
2. Given Names: (Mr/Mrs/Miss) Surname: Date of Birth: Contact Address: Proposed Position:
3. Given Names: (Mr/Mrs/Miss) Surname: Date of Birth: Contact Address: Proposed Position:

- 4. Given Names: (Mr/Mrs/Miss).
Surname:
Date of Birth:
Contact Address:
.....
Proposed Position:

- 5. Given Names: (Mr/Mrs/Miss).
Surname:
Date of Birth:
Contact Address:
.....
Proposed Position:

- 6. Given Names: (Mr/Mrs/Miss).
Surname:
Date of Birth:
Contact Address:
.....
Proposed Position:

- 7. Given Names: (Mr/Mrs/Miss).
Surname:
Date of Birth:
Contact Address:
.....
Proposed Position:

Form 7

**CONSENT OF DIRECTORS (2)
TO PROPOSED RULES**

Act Section 25(b)
Reg. Section 8

We the undersigned Directors ofCo-operative Society
have consent to the Rules of the said Co-operative Society which are attached.

1. Name of Director: Signature:
Date:

2. Name of Director: Signature:
Date:

Witnessed by:

NAME:

OCCUPATION:

SIGNATURE.

DATE:

Form 8

**STATEMENT ON
ARRANGEMENT OF MEETING**

Act Section 22(a)
Reg. Section 9

The meeting ofCo-operative Society
Limited was held aton theday of
.....20.....

It was attended by the following members;

1.M/F of
2.M/F of
3.M/F of
4.M/F of
5.M/F of
6.M/F of
7.M/F of

Witnessed By:

NAME:

OCCUPATION:

SIGNATURE:

DATED:

Form 9

STATEMENT ON NAME OF SOCIETY

Act Section 25(f)
Reg. Section 10

NAME:

COSO NUMBER
(For Office Use only)

MEETING RESOLUTION NUMBER of *(date)* / / 20.....
(Attach Copy)

1. NAME OF DIRECTOR:SIGNATURE:.....

DATED:

2. NAME OF DIRECTOR:SIGNATURE:.....

DATED:

DATED:.....day of20.....