## GOVERNMENT OF THE REPUBLIC OF VANUATU

Office of the Registrar of Cooperatives & Ni-Vanuatu Business Development Services
Private Mail Bag 9032,
George Pompidou
Tel: (+678) 33390

## GOUVERNEMENT DE LA REPUBLIQUE DE VANUATU

Registre des Sociétés Coopératives & des Services de Développement des entreprises locales Sac Postal prive´ 9032 George Pompidou

Tel: (+678) 33390

## CAP. 152 **CO-OPERATIVE SOCIETIES** (Subsidiary) Form A | Primary Cooperative Application for Registration of Cooperative Society which no member is registered society. For office use only. Document number: ..... 1. The name of the Registered Cooperative Society. To the Registrar of Cooperative Societies: We the undersigned persons who are of the age not less than 18 years apply under section 5 (2) (a) of the Cooperative Societies Act, Cap. 152 for the registration of: Which this is a society of which no member is registered Society. We annex herewith three copies of the proposed by-laws of the society and receipt for the payment of the prescribed fees. Note: The name must content the word Cooperative (COOP TYPE OF COOP: ..... 2. Address. Registered Office: .....

Province/Municipality: .....

Email Address: .....

## 3. Committee Members/officers.

Full Name:

\* The members must have been elected/appointed in accordance with the BY-LAW of the cooperative Society and the COSO ACT CAP 152. The Registrar may require evidence confirming the validity of the election/appointment.

Occupation:

Usual residential:	Nationality:	
Email address:	Gender:	
Telephone number:	+ Criminal case: yes /No	
Date of election/appointment:	Date of birth :	
	Signature:	
*Beneficial owner of another regulated entity:	yes/no	
<u> </u>		
Full Name:	Occupation:	
Usual residential:	Nationality:	
Email address:	Gender:	
Telephone number:	+ Criminal case: yes /No	
Date of election/appointment:	Date of birth :	
	Signature:	
*Beneficial owner of another regulated entity:	yes/no	
Full Name:	Occupation:	
Usual residential:	Nationality:	
Email address:	Gender:	
Telephone number:	+ Criminal case: yes /No	
Date of election/appointment:	Date of birth :	
	Signature:	
*Beneficial owner of another regulated entity: yes/no		

Full Name: Occupation: Usual residential: Nationality: Email address: Gender: Telephone number: + Criminal case: yes /No Date of election/appointment: Date of birth: Signature: \*Beneficial owner of another regulated entity: yes/no Full Name: Occupation: Usual residential: Nationality: Email address: Gender: Telephone number: + Criminal case: yes /No Date of election/appointment: Date of birth: Signature: \*Beneficial owner of another regulated entity: yes/no Full Name: Occupation: Usual residential: Nationality: Email address: Gender: Telephone number: + Criminal case: yes /No Date of election/appointment: Date of birth: Signature: \*Beneficial owner of another regulated entity: yes/no Full Name: Occupation: Usual residential: Nationality: Email address: Gender: Telephone number: + Criminal case: yes /No Date of election/appointment: Date of birth: Signature: \*Beneficial owner of another regulated entity: yes/no

Full Name:	Occupation:	
Usual residential:	Nationality:	
Email address:	Gender:	
Telephone number:	+ Criminal case: yes /No	
Date of election/appointment:	Date of birth :	
	Signature:	
*Beneficial owner of another regulated entity	y: Yes/No	
4. Source of Fund (section 7 COSO ACT 1  Membership Fee is the main source of fund of the re  *Donation from NGO or others organization:	gistered society.	
*Donation from NGO or others organization:	Yes / No	
*Grant from government institution:	Yes/ No.	
*If yes, justify with all information about the funder.		
5. Applicant signatures		
By signing below, the applicant(s) declares to the best of their kno correct.	owledge and belief that the information provided in this application is	
Chairman Name:	Secretary Name:	
Date:	Date:	
Signature:	. Signature:	