## 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

George Pompidou Tel: (+678) 33390

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	Document number			
1. The name of the Registered Cooperative Society.				
We, being persor	of Cooperative Societies:  as duly authorised by registered cooperative societies, apply in accordance with  coperatives Societies Act, Cap152 for the registration of:			
annex herewith the prescribed fees.	ciety of membership consists of 1 or more registered Societies and other members. We hree copies of the proposed by-laws of the society and receipt for the payment of the must content the word Cooperative (COOP			
TYPE OF COOP:  2. Address.				
	Registered Office:			
	Province/Municipality:			
	PMB:			
	Tel:			
	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		
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 :		
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Full Name:	Occupation:			
Usual residential:	Nationality:			
Email address:	Gender:			
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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			
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Email address:	Gender:			
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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 entit	ty: Yes/No			
<ul> <li>+ provide police / chief clearance. Fill up the questions in the questionnaire replicate Section 7</li> <li>(2) of COSO ACT CAP 152(Annexe).</li> <li>4. Source of Fund (section 7 COSO ACT 152. Amendment, 2017.)</li> <li>Membership Fee is the main source of fund of the registered society.</li> <li>*Donation from NGO or others organization: Yes / No</li> </ul>				
*Grant from government institution:	Yes/ No.			
*If yes, justify with all information about the funder.  5. Applicant signatures				
5. Applicant signatures				
By signing below, the applicant(s) declares to the best of their knowledge and belief that the information provided in this application is correct.				
Chairman Name:	Secretary Name:			
Date:	Date:			
Signature:	Signature:			