



GOVERNMENT OF THE REPUBLIC OF VANUATU
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GOUVERNEMENT DE LA REPUBLIQUE DE VANUATU
 Registre des Sociétés Coopératives & des Services de Développement des entreprises locales
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CAP. 152 CO-OPERATIVE SOCIETIES
 (Subsidiary)

Form C | Application for Registration of Cooperative Society which all members are registered societies.

For office use only.

Document number:

1. The name of the Registered Cooperative Society.

To the Registrar of Cooperative Societies:

We, being persons duly authorized by registered cooperative societies, and others members, apply
 In accordance with section 5(b) of Cooperative Societies Act, Cap. 152 for the registration of:

.....

Which this is a society of which all members are registered societies. 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:
PMB:
Tel:
Email Address:

3. Committee Members/officers.

** 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.*

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:
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Date of election/appointment:	Date of birth :
	Signature:
*Beneficial owner of another regulated entity: Yes/No	

* If yes provide the certificate of registration or licence of the [other entities](#) he represents + provide police / chief clearance. Fill up the questions in the questionnaire replicate Section 7 (2) of COSO ACT CAP 152(Annexe).

4. Source of Fund (section 7 COSO ACT 152. Amendment, 2017.)

Membership Fee is the main source of fund of the registered 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 knowledge and belief that the information provided in this application is correct.

Chairman Name:	Secretary Name:
Date:	Date:
Signature:	Signature: