

CHECKLIST: COOP 1 AND MODEL CONSTITUTION

Check whether all the mentioned requirements have been met, before submitting the application to CIPC.

<u>FORMS</u>	TICK IF YES COMPLETED	
Proof of Payment to CIPC account		
Name Reserved confirmation attached (Compulsory)		
Have complied with the Co-operative Division: Operational Requirements		
<u>CO-OP 1</u> <u>(To be Fully Completed)</u>		
Part 1: Application Statement		
Part 2: List of Founding Members		
Part 3: Directors (must all be members) minimum of 2 directors		
Part 4: Address & contact details		
Part 5: Stats info - Primary co-op only		
Part 6: Co-operatives Model Constitution Compulsory Clauses, Place of business, Objectives, Business, Description and Restrictions		
<ul style="list-style-type: none"> • Co-op Name completed in Heading • At least one of the following clauses completed: <ul style="list-style-type: none"> • Entrance Fee / Subscription Fee / Share clause • Minimum & Maximum no. of directors completed • Term of office for Directors must be reasonable • Financial year end 		

CO-OP 1: OPERATIONAL REQUIREMENTS

The Registrar of Co-operatives may reject any document which in his/her opinion is unsuitable for purposes of record or which does not satisfy the operational requirements.

ALL CUSTOMERS ARE REQUESTED TO ADHERE TO THE FOLLOWING OPERATIONAL REQUIREMENTS:

- (1) All application forms and documents lodged with the Registrar of Co-operatives must, unless otherwise directed, be written in block capital letters or typewritten and printed in legible characters,
- (2) Proof of payment of the registration fee contemplated in section 6(2)(d) of the Act must be Submitted.
- (3) The following documents must be lodged for the registration of Primary, Secondary, Tertiary and the National Apex Co-operative
 - (a) Form CO-OP 1 containing the application for registration of a Co-operative
 - (b) The proposed Constitution complying with the provisions of section 13 of the co-ops Act and duly signed by at least such number of founding members as are to form a Co-operative of that particular form
 - (c) Form CO-OP 5 containing particulars of the reserved or an approved COR 9.4
 - (d) If Form CO-OP 1 and the constitution is not signed by a founder member personally, a power of attorney signed by the founder member in favour of the person signing on their behalf, and
 - (e) Certified copies of the identity documents of the directors and founder members who have signed the constitution.
- (4) New co-op registration application documents lodge using dropbox, must be arranged in the order below. The document pack must be stapled together in an envelope with no loose pages in an envelope.
 - (a) If a cover letter is included, it should be on top of the application.
 - (b) Proof of approved name reservation.(Compulsory)
 - (c) Form CO-OP1, followed by the certified ID copies of founder members arranged in the order their names are listed on the List of Founder Members.
 - (d) The constitution in duplicate. Each of the constitutions must be bound with a single staple in the top left corner of the pages.

CLIENT REF:						
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**REPUBLIC OF SOUTH AFRICA
CO-OPERATIVES AMENDMENT ACT, 2013**

**APPLICATION FOR REGISTRATION OF PRIMARY/SECONDARY/TERTIARY
CO-OPERATIVE**

(Section 6)

NAME OF CO-OPERATIVE :

.....

DETAILS OF MIDDLEMAN

(If applicable)

If this application is submitted by an agent or a government body on behalf of the co-operative, kindly provide the following information:

Name and surname of the agent or person at the Government body:

.....

Business name OR government body name:

Contact details

Landline number.....Cellphone number.....

Email:

DETAILS FOR DISPATCH

Details of where the registered documents / rejected application should be posted:

Person's name and surname:

.....

Postal address:

.....

Postal code

Email

Cellphone number

FORM CO-OP 1

PRESCRIBED FEE
PER SCHEDULE 1

CLIENT REF:						
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**REPUBLIC OF SOUTH AFRICA
CO-OPERATIVES AMENDMENT ACT, 2013**

**APPLICATION FOR REGISTRATION OF PRIMARY/SECONDARY/TERTIARY/NATIONAL
APEX CO-OPERATIVE**
(Section 6)

PART 1

APPLICATION STATEMENT

WE, as founder members, apply for the registration of the co-operative, particulars of which are set out below. We confirm that on 2 (date) a meeting of interested persons was held and that the attached constitution was adopted for the co-operative and that the persons whose names appear in Part 3 were elected as first directors of the co-operative.

Name of co-operative.....
.....

Shortened form of name (if applicable).....

Literal translation of name (if applicable).....

Type of co-operative (i.e. Primary / Secondary / Tertiary/National Apex.....

Kind of co-operative (specify to sector. i.e worker/agricultural/agro-processing/mining/housing/financial/manufacturing/or describe kind even if not listed in Section 4 of Act, e.g worker/agricultural/consumer co-operative)
.....

Main objective and description of business of co-operative.....
.....
.....
.....

Date of end of financial year.....

Province where co-operative registered office is located.....

PART 2

LIST OF FOUNDER MEMBERS OF

NAME OF CO-OPERATIVE:.....

<p>FULL FORENAMES, SURNAME AND IDENTITY NUMBER OF FOUNDER MEMBER (PRIMARY CO-OP)</p> <p>FULL FORENAMES, SURNAME, IDENTITY NUMBER OF REPRESENTATIVE OF FOUNDER CO-OPERATIVE MEMBER – NAME AND REG. NO. (SECONDARY /TERTIARY/APEX CO-OPERATIVE)</p>	<p>PHYSICAL AND POSTAL ADDRESS OF FOUDEr MEMBER (PRIMARY CO-OP)</p> <p>PHYSICALAND POSTAL ADDRESS OF FOUDEr MEMBER (SECONDARY/TERTIARY/APEX CO-OPERATIVE)</p>
<p>Full forenames.....</p> <p>.....</p> <p>Surname.....</p> <p>ID Noor</p> <p>Co-operative name.....</p> <p>Reg No.....</p>	<p>Home address.....</p> <p>.....</p> <p>Postal address</p> <p>.....</p>
<p>Full forenames.....</p> <p>.....</p> <p>Surname.....</p> <p>ID Noor</p> <p>Co-operative name.....</p> <p>Reg No.....</p>	<p>Home address.....</p> <p>.....</p> <p>Postal address</p> <p>.....</p>
<p>Full forenames.....</p> <p>.....</p> <p>Surname.....</p> <p>ID Noor</p> <p>Co-operative name.....</p> <p>Reg No.....</p>	<p>Home address.....</p> <p>.....</p> <p>Postal address</p> <p>.....</p>
<p>Full forenames.....</p> <p>.....</p> <p>Surname.....</p> <p>ID Noor</p> <p>Co-operative name.....</p> <p>Reg No.....</p>	<p>Home address.....</p> <p>.....</p> <p>Postal address</p> <p>.....</p>
<p>Full forenames.....</p> <p>.....</p> <p>Surname.....</p> <p>ID Noor</p> <p>Co-operative name.....</p> <p>Reg No.....</p>	<p>Home address.....</p> <p>.....</p> <p>Postal address</p> <p>.....</p>

PART 3

FIRST DIRECTORS OF

NAME OF CO-OPERATIVE:
 (Section 6 of 39)

The directors listed in this return have consented to their appointment and according to their letters of consent to their appointment, none of the directors are disqualified to be directors in terms of the Co-operatives Act, 2005, as amended or the constitution of the co-operative.

APPOINTED DIRECTORS

Full forenames..... Surname..... ID No..... Date of appointment..... Gender.....	Home address..... Postal address..... Disability.....
Full forenames..... Surname..... ID No..... Date of appointment..... Gender.....	Home address..... Postal address..... Disability.....
Full forenames..... Surname..... ID No..... Date of appointment..... Gender.....	Home address..... Postal address..... Disability.....
Full forenames..... Surname..... ID No..... Date of appointment..... Gender.....	Home address..... Postal address..... Disability.....
Full forenames..... Surname..... ID No..... Date of appointment..... Gender.....	Home address..... Postal address..... Disability.....
Full forenames..... Surname..... ID No..... Date of appointment..... Gender.....	Home address..... Postal address..... Disability.....

PART 4

ADDRESSES AND CONTACT PARTICULARS OF CO-OPERATIVE

NAME OF CO-OPERATIVE

(Section 20(3))

(Completion of paragraph (a) and (b) is compulsory)

(a) SITUATION OF REGISTERED OFFICE

(Please provide street or other physical address)

.....
.....

Province:.....

(b) POSTAL ADDRESS

.....

Postal Code.....

(c) CO-OPERATIVE CONTACT DETAILS

Co-operative Tel. No.: (.....)

Co-operative Fax No.: (.....).....

Co-operative E-mail Address:

Website address:

PART 5

STATISTICAL INFORMATION FOR PRIMARY CO-OPERATIVE

(Not compulsory but essential for planning and implementing support measures)

Name of co-operative

.....
Please complete the following information relating to the co-operative as accurately as possible:

1. Number of female members.....
2. Number of male members.....
3. Number of members younger than 35 years.....
Number of members 35 years and older
4. Number of disabled persons who are members.....
5. Number of Black members.....
Number of members of other races.....
6. Number of members who are not natural persons.....
7. Size of the co-operative:
Total number of members as at foundation date.....
Total number of current members.....(date).....
8. Number of persons employed by co-operative (members and non-members).....

PART 6

CO-OPERATIVE MODEL CONSTITUTION COMPULSORY CLAUSES

PLACE OF BUSINESS

The main place of business of the Co-operative is situated at:

.....(Place)
.....(Province)

OBJECTIVES, BUSINESS, DESCRIPTION & RESTRICTIONS THERETO

- (a)
- (b)
- (c)
-

ENTRANCE FEE & MEMBERSHIP FEE/SUBSCRIPTION FEE

An entrance Fee of R.....00 must be paid on application for membership. Such fee is not refunded on termination of membership.

A Membership Fee/Subscription fee of R.....00 must be paid annually. Provided that a member may pay off the subscription fee in equal monthly instalments. Such fee shall not be terminated of membership.

ISSUE OF SHARES AND MINIMUM SHAREHOLDING

Shares issued by the Co-operative must be of the same class, ranking and nominal value.

The nominal value of each share must be R..... of which%(.....percent) shall be payable in cash on application and the balance on such dates and times as the Board may determine, or as stipulated in the constitution of the co-operative.

Each member must have minimum of(number) shares.

MANAGEMENT OF CO-OPERATIVE

BOARD OF DIRECTORS

The affairs of the co-operative must be managed by a Board of Directors consisting of a minimum of and a maximum ofDirectors. The directors must exercise the powers and perform the duties of the Co-operative.

FOUNDER MEMBERS

NOTE: THIS PAGE MUST BE SIGNED BY ALL FOUNDER MEMBERS

	SIGNATURE OF APLICANTS
1. Full names..... Surname.....
2. Full names..... Surname.....
3. Full names..... Surname.....
4. Full names..... Surname.....
5. Full names..... Surname.....
6. Full names..... Surname.....
7. Full names..... Surname.....
8. Full names..... Surname.....
9. Full names..... Surname.....
10. Full names..... Surname.....