Co-operative Financial Institution **APPLICATION FOR REGISTRATION**



INSTRUCTION FOR COMPLETION OF FORM

- 1. Write or print in legible characters with deep permanent black ink, and lodge one set of the documents (of international size A4) with the Prudential Authroity at SARB-PA@resbank.co.za.
- The application form and every page of every document attached must be signed by the chairperson of the proposed Co-operative Financial Institution (CFI).
- 3. Provide an explanation and motivation in respect of any of the required documentation listed below which is not submitted.
- 4. Please note that the Prudential Authority may require a proposed applicant to furnish him/her with additional information/documents, or a report by an auditor/or any other knowledgeable person approved by the PA, on aspects relating to the application.

legistered Office physical address:	Name Abbr.:
	Postal Code Postal Code
ostal Address:	
	Postal Code Postal Code
ommon Bond Description:	eMail:
epresentative Body Membership No.	CIPC Customer Code
umber of Members: Total Member Shares: R	Total Member Savings: R
ONTACT INFORMATION: NB: Two duly appoint	ted directors
Mr Mrs Ms: Full Names:	Position:
Tel No. Cell No.	eMail:
Ms: Full Names:	Position:
Tel No. Cell No.	eMail:
I. Forms CR1, CR4/CR8 and CR 5.	11. Business plan which INCLUDES:
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2. Member Share Register (PA Form 002) with a minimum of 200 fully paid	1. A short description of the background of the organization, experience in
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