FORM CO-OP 14

PRESCRIBED FEE
PER SCHEDULE 1

CLIENT REF:			

REPUBLIC OF SOUTH AFRICA CO-OPERATIVES AMENDMENT ACT, 2013

<u>APPLICATION FOR INSPECTION OF DOCUMENTS</u>

(Section 82)

A.	<u>APPLICANT</u>		
	Name		
	Name of organisation that requests the information		
	Tel/Cell No. of Contact Person. Email Address of Contact Person. Postal Address of Contact Person (if the requested documents need to be pos		
	r cotal radiose of contact r crock (ii the requested describence need to be per		
	Postal Code		
В.	INFORMATION REQUESTED IN RESPECT OF -		
	NAME OF CO-OPERATIVE		
	REG. NO	(if av	/ailable)
	(1) Document/file	1	Cost
	(2) Access to full co-operative file		
	Certificate of Registration		
	Constitution		
	Financial statements for Financial Year/s-		
	Form CO-OP 1 - Application for registration of co-operative		
	Form CO-OP 2 - Return relating to directors		
	Form CO-OP 3 - Notice of addresses and change of addresses		
	Form CO-OP 4 - Notice of appointment of auditor		

Form CO-OP 5 - Application for reservation of name		
Form CO-OP 6 - Special resolution		
Form CO-OP 7 - Annual submission to registrar of financial reports and statements		
Form CO-OP 8 - Annual submission to registrar (section 26a)		
Form CO-OP 9 – Notice of change financial year of co-operative		
Form CO-OP 10- Special resolution for winding up		
Form CO-OP 11 - Certificate of registration of co-operative		
Form CO-OP 12 - Certificate of change of name		
Form CO-OP 13 - Certificate of change of name by registrar		
Certification of documents (State		
requirements)		
requirements)	1	
	1	
Other		
(specify)	1	
	1	
	1	
	1	
	\vdash	
TOTAL 000T		
TOTAL COST	1	
(as per Schedule 1 of Regulations)		
DAVMENT FOR INSPECTION		
PAYMENT FOR INSPECTION		

C.

1.	Proof of payment of prescribed fee for inspection is attached.
1.	Additional fees payable (e.g. for photo copies, certification, etc), are as follows:
2.	Attach certified ID Copy, customer code of owner