This form may take you 5 minutes to fill in.

You will need the following information to fill in the form:

* Time and place that AGM was conducted;
* Membership figures; vote entitlements.

**Registry of Co-operative Societies**

Ministry of Culture, Community and Youth

140 Hill Street #02-00 Singapore 179369

Fax: 6837 8090

Website: http://www.mccy.gov.sg

# Annual General Meeting (AGM) Form

Name of Co-operative :

Date of Annual General Meeting :

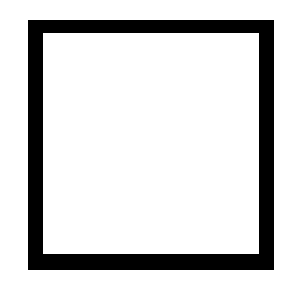
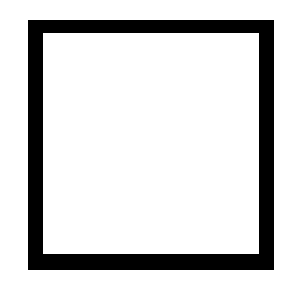
Name of Presiding Chairman :

Time that Meeting Commenced :

Time that Meeting Ended :

Quorum (30 members or 20% of all members, whichever is less) Met?

Yes No



|  |  |  |
| --- | --- | --- |
| **Total membership and vote entitlement**  **as at the date of the general meeting** | **No. of Members or Delegates** | **No. of Votes**  **Entitled** |
| Founder Member(s) |  |  |
| Represented by delegates\* |  |  |
| Institutional Members |  |  |
| Represented by delegates\* |  |  |
| Personal Members |  |  |
| Represented by delegates\* |  |  |
| **Members present at the general meeting and vote exercised** | **No. of Members or Delegates** | **No. of Votes Exercised** |
| Founder Member(s) |  |  |
| Represented by delegates\* |  |  |
| Institutional Members |  |  |
| Represented by delegates\* |  |  |
| Personal Members |  |  |
| Represented by delegates\* |  |  |

Name & Designation of Co-op Officer Submitting the Form:

|  |
| --- |
|  |

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note : This form is to be submitted within 14 days from the date of the AGM.

\* only applicable for co-ops with delegates