Registry of Co-operative Societies

Ministry of Culture, Community and Youth

140 Hill Street #02-00 Singapore 179369

Fax: 6837 8090

Website: www.mccy.gov.sg/coop

This form may take you 30 minutes to complete.

You will need the following information to complete the form:

* Registered address of the proposed society
* Proposed society’s services, membership and details of committee of management & founding members
* Projected financial figures of proposed society

**FORM 2**

**APPLICATION FOR REGISTRATION OF A CO-OPERATIVE SOCIETY**

1. **The name of the proposed society shall be :**

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1. **The registered office of the proposed society shall be at :**

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and its postal address (if different from the above) shall be :

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1. **Objectives**

Briefly describe the objectives which the proposed society aims to achieve.

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1. **Services to be provided**

List and describe the services which will be provided by the proposed society.

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1. **Membership**
2. Describe the target membership profile of the proposed society.

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1. Indicate the estimated number of individuals expected to join the proposed society for the first 3 years of its operations.

Year 1 ; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year 2 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year 3 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Business Plan**

Provide a business plan and the financial projections for the first 3 years of operations (i.e., Balance Sheet, Income & Expenditure Statements and cashflow projections).

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1. **Proposed Committee of Management**

Provide the name, identification number (such as, NRIC No. or foreign identification number), nationality, address, qualifications, occupation and relevant experience of individuals who will be empowered to give directives in regard to the business or to supervise the business of the society (see *Annex A*).

1. **Proposed By-laws**

Enclosed one copy of the proposed by-laws which specify the objects of the society and the minutes of the preliminary meeting (signed by all persons present and willing to become members of the society).

The proposed by-laws were approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ persons willing to become members at a preliminary meeting held at

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on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yy)

**9.** **Contact Person**

The Registry of Co-operative Societies can contact the following person for any clarification:

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Founding Members**

**We, the undersigned,** wish to form a co-operative society under the Co-operative Societies Act (“Act”) and hereby apply for registration. We are willing to become members and will make the payments necessary for admission to membership as provided in the enclosed by-laws. We declare that we qualify for membership under the Act.

Please provide the name, identification number (such as NRIC No. or foreign identification number), nationality, address, occupation and signature (see *Annex B*):

- of at least 5 persons if the society is formed by individuals only; or

- of at least 2 persons duly authorized in this behalf of each society or trade union, if the society is formed by societies or trade unions..

Dated the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annex A: Proposed Committee of Management**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **Identification Number** (NRIC or foreign identity number) | **Nationality** | **Contact Tel Number** | **Address** | **Occupation & Company** | **Relevant Qualifications & Working Experience #** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |

# Applicant may provide further details (if any) in separate attachment.

**Annex B: Founding Members**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **Identification Number** (NRIC or foreign identity number) | **Nationality** | **Contact Tel Number** | **Address** | **Occupation & Company** | **Signature** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |