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/

This form may take you 5 minutes to fill in.

You will need the following information to complete the form:

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

**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