SCHEDULE

FORM 1

(r.4)

THE CO-OPERATIVE SOCIETIES ACT

APPLICATION FOR REGISTRATION OF A CO-OPERATIVE SOCIETY

TO: The Commissioner of Co-operative Development
P. O. Box 40811
Nairobi

1. Name of proposed co-operative society……
2. Area of operation……...
3. Type of society……..
4. Whether limited or unlimited liability is desired……..
5. Language in which the books and account will be kept……
6. Name of person appointed to perform the duties of the secretary of the society……
7. Registered office and postal address of the society……

We the undersigned hereby apply for the registration of the above society under the Act, and enclose four copies of the proposed by law-laws in English.

Name	Occupation	Age	Address	Signature
…….	……	……..	……	……..
…….	……	……..	……	……..
…….	……	……..	……	……..
…….	……	……..	……	……..
…….	……	……..	……	……..
…….	……	……..	……	……..
…….	……	……..	……	……..
…….	……	……..	……	……..