

SCHEDULE 1: FORMS
CO-OPERATIVE SOCIETIES ACT, CHAPTER 451
FORM 1

(Regulation 6)

APPLICATION FOR REGISTRATION OF A CO-OPERATIVE SOCIETY

SECTION I. INSTRUCTIONS FOR COMPLETING FORM 1:

APPLICATION FOR REGISTRATION OF A COOPERATIVE SOCIETY

1. This application must be submitted with all supporting documentation listed at the end of the form and the non-refundable application fee.
2. This form may be downloaded from the regulatory authority's website and completed online. Alternatively, the form may be printed and completed in writing or typescript, using **BLACK INK** and **BLOCK CAPITALS**.
3. Any information provided on additional sheets must be signed and dated.
4. Where there is a question which is not applicable, please write "N/A" beside the question.
5. All dates must be completed in the form: Day/Month/Year.
6. Questions left unanswered or which do not disclose all information required will result in this application being considered as "incomplete". This will affect the Registrar's assessment and may delay the turnaround time to respond.

1. Date of Application:		<input type="checkbox"/> Application Fee attached
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SECTION II.

APPLICANT'S CONTACT DETAILS

2. Name of Co-operative Society:	
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3. Registered office information:		<input type="checkbox"/> Address Information attached
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Address:			
Contact Person:		E-mail Address:	
Telephone Number:		Fax Number:	

4. Website address, if any:			
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5. Share capital raised to date:	Value (EC\$):	No. of Shares
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6. Are all the objects of the co-operative society stated in the bye-laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> Bye-laws attached
7. Each member's liability for the debts of the co-operative society is limited to the value of the equity shares the member purchased in the society.	<input type="checkbox"/> Limited liability	<input type="checkbox"/> Unlimited liability

8. The bond of membership is? (Define geographical area, constituents & livelihoods targeted):	<input type="checkbox"/> Island-wide	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
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9. Type of co-operative business:	<input type="checkbox"/> Financial	<input type="checkbox"/> Production	<input type="checkbox"/> Services	<input type="checkbox"/> Consumer	<input type="checkbox"/> Housing
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10. Business Plan is attached and covers:	<input type="checkbox"/> Mission & Specific Services Demand	<input type="checkbox"/> Capital Base & Support Evidenced	<input type="checkbox"/> Organisation, Charts, Competencies	<input type="checkbox"/> Management, Policies & Audit	<input type="checkbox"/> Membership, Jobs & Business Growth
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11. Date the society was established:	<input type="checkbox"/> Number of members signed on to date	
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12. Accounts Receivable to date, if any (use the third space to explain):	Under 90 days	\$	
	91-180 days	\$	
	Over 180 days	\$	

SECTION III. PARTICULARS RELATING THE MEMBERS OF THE APPLICANTS

13. Provide the following particulars for each member who is required to sign this application as stipulated by section 12 (2) of the Act. Select the appropriate membership information below, in line with your organization type.

a) One-third of the total membership of the applicant, in the case of a co-operative society with members who are not registered co-operative societies.	<input type="checkbox"/>
b) Three-quarters of the total membership of the applicant, in the case of a co-operative society where not all members of the co-operative society are registered co-operative societies.	<input type="checkbox"/>
c) At least two of the total membership of the applicant, in the case of a co-operative society where all the members are registered as co-operative societies.	<input type="checkbox"/>

Name of Member 1 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 2 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 3 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 4 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 5 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 6 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 7 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 8 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 9 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 10 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 11 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 12 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 13 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 14 & SOCIAL SECURITY/NIS#:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

SECTION IV. DIRECTORS AND MANAGEMENT TEAM

Note: This section of Form 1 must be completed for each person listed, as applicable.

<p>14. Provide below the legal names and aliases of the provisional directors (minimum 5, maximum 13) and attach an up-to-date police record and 1-page resumé including Social Security/NIS #, occupation (past 5 years), date of birth, citizenship, with 2 forms of ID with recent photos per individual:</p>	<p><input type="checkbox"/> Organizational Chart attached</p>
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Director 1:		<input type="checkbox"/> Resumé and Police Record attached
Director 2:		<input type="checkbox"/> Resumé and Police Record attached
Director 3:		<input type="checkbox"/> Resumé and Police Record attached
Director 4:		<input type="checkbox"/> Resumé and Police Record attached
Director 5:		<input type="checkbox"/> Resumé and Police Record attached
Director 6:		<input type="checkbox"/> Resumé and Police Record attached
Director 7:		<input type="checkbox"/> Resumé and Police Record attached
Director 8:		<input type="checkbox"/> Resumé and Police Record attached
Director 9:		<input type="checkbox"/> Resumé and Police Record attached
Director 10:		<input type="checkbox"/> Resumé and Police Record attached
Director 11:		<input type="checkbox"/> Resumé and Police Record attached

15. Provide the names of the manager and senior executive officers, if designated:

Name 1:		<input type="checkbox"/> Resumé and Police Record attached
Name 2:		<input type="checkbox"/> Resumé and Police Record attached
Name 3:		<input type="checkbox"/> Resumé and Police Record attached
Name 4:		<input type="checkbox"/> Resumé and Police Record attached

SECTION V. COMPLIANCE PROGRAM INFORMATION

16. The applicant shall comply with the Anti-Terrorism Act 2023 and other anti-terrorism legislation.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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17. The applicant will document AML/CFT policies and procedures.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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18. The applicant will conduct a risk assessment of its services.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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19. The applicant will implement AML/CFT training for staff, directors and members.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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20. The applicant has a designated compliance officer (for credit unions only).

<input type="checkbox"/> Yes Resumé and Police Record attached	<input type="checkbox"/> No
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SECTION VI. DECLARATION

This declaration must be signed by any two authorised signatories of the applicant.

The applicant hereby declares that all the information provided in this application and any other document provided in support of the said application is true and correct. The applicant further undertakes to inform the Registrar without delay of any changes to the information supplied with this application. We understand and accept that the Registrar may wish to make inquiries, both now and on a continuing basis, to satisfy the Registrar as to the initial and continuing fitness and probity of the applicant, its directors and management. Consequently, we authorize any person, body or institution named in this application that the Registrar may approach, to provide such information as the Registrar considers relevant to his assessment.

Authorised Name (1):		<input type="checkbox"/> Signature
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Title/Position	
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Authorised Signature		Date:	
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Authorised Name (1):		<input type="checkbox"/> Signature
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Title/Position	
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Authorised Signature		Date:	
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SECTION VII. DOCUMENTATION WHICH FORMS PART OF THIS APPLICATION

Documents	Notes	Attached
1. Application Fee	A one-time non-refundable application fee as prescribed in Schedule 2 of the Co-operative Societies Regulations 2023 and payable to the Accountant General.	<input type="checkbox"/>
2. Address Information	An original copy of a utility bill or similar document showing proof of principal address of the applicant's registered office.	<input type="checkbox"/>
3. Resumé	A 1-page biographical summary of each Director, Manager or Officer listed.	<input type="checkbox"/>
4. An organisational chart	An organisational chart for the applicant detailing the corporate governance, departments of the organisation, the levels of management and other positions.	<input type="checkbox"/>
5. Draft Bye-laws	3 certified copies of the draft bye-laws in the name of the applicant.	<input type="checkbox"/>
6. Business Plan	A three (3) year business plan with financial projections (maximum 6 pages)	<input type="checkbox"/>
7. Certificate of Registration Fee	Fee as prescribed in Schedule 2 of the Co-operative Societies Regulations 2023 and payable to the Accountant General on receipt of confirmation of approval of registration.	<input type="checkbox"/>

SECTION VIII. ADMINISTRATION - FOR OFFICE OF [REGISTRAR/SUPERVISOR]'S USE ONLY

Received by (employee's name):		Date:	
Decision taken by the Registrar:		Date:	