

CO-OPERATIVE SOCIETIES ACT, CHAPTER 451

FORM 5

NOTICE OF CHANGE OF MANAGEMENT

(regulation 32)

Name of co-operative society

Registration No.....

On theday of20.....the following persons ceased to be directors/committee members / appointed management of the above named co-operative society due to

LEGAL NAME	SOCIAL SECURITY/NIS#	DATE OF BIRTH	ADDRESS/ CONTACTS	POSITION HELD	SIGNATURE (OPTIONAL)

As ofday of20..... the directors/committee members/appointed management of.....are as follows:

FULL NAME	SOCIAL SECURITY/NIS#	DATE OF BIRTH	ADDRESS/ CONTACTS	POSITION HELD	SIGNATURE (OPTIONAL)

.....
Signature

.....
Date