

**CO-OPERATIVE SOCIETIES ACT, CHAPTER 451**

**FORM 5**

**NOTICE OF CHANGE OF MANAGEMENT**

*(regulation 32)*

Name of co-operative society .....

Registration No.....

On the .....day of .....20.....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 of .....day of .....20..... 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