

**SUPPLEMENTARY INFORMATION IN RESPECT OF APPLICATION FOR  
REGISTRATION OF A CO-OPERATIVE SOCIETY**

- 1. Proposed society's Name .....
- 2. Area of operation .....
- 3. Situation of society's office
  - a) Section of town.....
  - b) Street/road.....
  - c) Building.....
  - d) Floor.....
  - e) Office Number.....

<b>4. CONTACT PERSONS NAME:</b>	<b>TELEPHONE NUMBER</b>
a) .....	.....
b) .....	.....
c) .....	.....
d) .....	.....

- 5.
  - i. Has formation of the proposed society been discussed with an senior officer of the employer (in case of an employee based society) (Yes/No)
  - ii. If so, name of the person contacted.....  
His position in organization.....
  - iii. Is such a person favorable to the establishment of the society (Yes/No).....
  - iv. Has employer agreed to give check of system? (Yes/No).....  
(Please attach a letter to that effect)

- 6. Has mode of payment of society's dues been discussed with potential members (in case of other societies)? (Yes/No).....  
(Please attach a letter to that effect from interim Chairman/Secretary)

- 7. Are the prospective members capable of managing and operating the society successfully (Yes/No).....

8. Have office bearers, managing committee and potential members been given instructions?

(Yes/No).....

By whom?

a) Name: .....

b) Title: .....

c) Signature of officer.....

9. After registration who will visit the society to help the treasurer strat books and give further instructions to the committee?

a) Name: .....

b) Title: .....

10. Does the organize/Co-operative officer believe the society will be successful, and does he/she recommend registration? (Yes/No)

a) Name: .....

b) Title: .....

11. Official affirmation.

I affirm that I have faithfully carried ou he above investigations and that all the questions above have been answered correctly.

Name of registering officer/DCO.....

Signature.....

Date.....