

Checklist: CR1, CR4/CR8, model constitution

Check whether all the mentioned requirements have been met, before submitting the application to CIPC.

Forms	Tick if Yes / completed	
Proof of Payment to CIPC account	
Name Reserved confirmation attached	
If a name is not reserved; is there alternative name list	
Have complied with the Co-operative Division: Operational Requirements	

CR1:

Part 1: Application Statement	
Part 2: Founding Statement	
Part 3: Directors (must all be members) minimum of 2 directors	
Part 4: Address & contact details	
Part 5: Stats info - Primary co-op only	
Part 6: Certified ID copies of all members & person lodging application	

CR4 OR CR8:

CR 4: -Part 1 completed -Letter of consent from Auditor attached	
CR 8: -Signed by a Commissioner of Oath -Exemption of auditing requirements: One of the following Options ticked: <ul style="list-style-type: none"> ➤ Option A ➤ Option B ➤ Option C 	

Constitution pages where clauses are completed by hand & signed last page of the Constitution (Compulsory)

<u>If a model constitution is used:</u> -Co-op Name completed in Heading + Clause 1 + Clause 3 -At least one of the following clauses completed: Entrance Fee / Subscription Fee / Share clause -Minimum & Maximum no. of directors completed -Directors term of office (not more than 4 years) -Financial year end	
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CO-OPERATIVE DIVISION: OPERATIONAL REQUIREMENTS

The Registrar of Co-operatives may reject any document which in his/her opinion is unsuitable for purposes of record or which does not satisfy the operational requirements.

All customers are requested to adhere to the following operational requirements:

1. All application forms and documents lodged with the Registrar of Co-operatives must, unless otherwise directed, be written in block capital letters or typewritten and printed in legible characters, with deep permanent black ink on only one side of an A4 paper (30 cm x 20 cm).
2. Provide proof of payment of the prescribed fee (if any).
3. All applicants and users of CIPC services, on submission of CIPC related applications and transactions need to submit certified ID copies of applicants. This also includes the person who will be lodging the application on behalf of the applicants. For instance in the case of lodging a CR1 application, the certified ID copies are required for all founder members and the person lodging the application. The copies should be attached to the application in the order that the names appear on the List of Founder Members on the CR1-form.
4. **When an application is lodged to register a Co-operative, the documents must be arranged in the following order and the documents mentioned in (a) to (d) hereunder must be bound by a single staple in the top left corner of the pages:**
 - (a) If a cover letter is included, it should be on top of the application.
 - (b) Form CR5 or proof of name reservation.
 - (c) Form CR1, followed by the certified ID copies of founder members arranged in the order their names are listed on the List of Founder Members.
 - (d) Form CR4 or CR8 with a letter of consent of an auditor or accounting officer following the CR4 or CR8.
 - (e) The constitution in duplicate. Each of the constitutions must be bound with a single staple in the top left corner of the pages.

A strong metal clip or an elastic band should be placed around the above-named documents to keep it together in a pack. The document pack should be submitted in an envelope. There should be no loose documents in the envelope.

5. The name of the co-operative must appear on the top of every page of the application form (where a space was created for the co-operative name), as well as at the Heading, Name and Definition/Terminology clauses of the constitution.

Client Ref:							
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R215

REPUBLIC OF SOUTH AFRICA
CO-OPERATIVES ACT, 2005
APPLICATION FOR REGISTRATION OF PRIMARY/SECONDARY/TERTIARY CO-OPERATIVE
(Section 6)

Name of co-operative: _____

DETAILS OF MIDDLEMAN (if applicable)

If this application is submitted by an agent or a government body on behalf of the co-operative, please give his or her details:

Name and surname of the agent or person at the government body: _____

Business name OR government body name: _____

Contact details: **email address** for dispatch purpose

Landline number () _____

Cellphone number _____

DETAILS FOR DISPATCH (if these details are not completed, the documents will be email to the email address of the costumer code)

Mark the applicable box below and give details:

Details of where the registered documents / rejected application should be posted:

Valid email address _____

Postal address: _____

Postal code _____

CR 1

Client Ref:						
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R215

REPUBLIC OF SOUTH AFRICA
CO-OPERATIVES ACT, 2005

APPLICATION FOR REGISTRATION OF PRIMARY/SECONDARY/TERTIARY CO-OPERATIVE
 (Section 6)

INSTRUCTIONS FOR COMPLETION OF FORM

1. Write in block capital letters, typewrite or print in legible characters with deep permanent black ink, and lodge one set of the documents referred to at the end of Part 1.
2. An application, which does not comply with the requirements of the Act, these regulations or the notes on this form, may be rejected.
3. If no identity document has been issued, a written statement to this effect must be attached to the application form and the date of birth must be entered where an identity number is required.

PART 1 APPLICATION STATEMENT

WE, as founder members, apply for the registration of the co-operative, particulars of which are set out below. We confirm that on 2.....(date), a meeting of interested persons was held and that the attached constitution was adopted for the co-operative and that the persons whose names appear in Part 3 were elected as first directors of the co-operative.

Name of co-operative: _____

Shortened form of name: (if applicable) _____

Literal translation of name: (if applicable) _____

Type of co-operative: (i.e. Primary / Secondary / Tertiary) _____

Kind of co-operative: (specify or describe kind even if not listed in section 4 of Act, e.g. worker/agricultural/consumer co-operative) _____

Main objective and description of business of co-operative: _____

Date of end of financial year _____

Province where co-operative registered office is located _____

DOCUMENTS ATTACHED

The following documents are attached to this application:

1. The proposed constitution of the co-operative duly signed by the minimum number of founder members (see Important notes at the end of Part 2).
2. A power of attorney signed by the founder members in favour of the person signing the constitution on their behalf (only if the constitution is not signed by the founder members personally).
3. Form CR 5 containing particulars of the name reserved for the co-operative (only if a name has been reserved for the co-operative to be formed) and
4. The prescribed fee or proof of payment thereof.

SIGNATURES OF FOUNDER MEMBERS

(The persons who have signed the constitution as founder members must also sign this application)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

PART 2**LIST OF FOUNDER MEMBERS OF _____ (Name of co-operative)**

FULL NAMES, SURNAME AND IDENTITY NUMBER OF FOUNDER MEMBER (Primary co-op) / FULL NAMES, SURNAME AND IDENTITY NUMBER OF REPRESENTATIVE OF FOUNDER CO-OPERATIVE MEMBER - Name and Reg. No. (Secondary /Tertiary co-op)	HOME ADDRESS OF FOUNDER MEMBER (Primary co-op) / PHYSICAL ADDRESS OF FOUNDER CO-OPERATIVE MEMBER (Secondary/Tertiary co-op)	POSTAL ADDRESS OF FOUNDER MEMBER (Primary co-op) / POSTAL ADDRESS OF FOUNDER CO-OPERATIVE MEMBER (Secondary/Tertiary co-op)
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

IMPORTANT NOTES

Form of Co-operative	Minimum number of members required for formation of co-operative and type of members required
<i>Primary co-operative</i>	<i>5 Natural persons (Juristic persons may be members but not founding members)</i>
<i>Secondary co-operative</i>	<i>2 Primary co-operatives (Juristic persons may be members but not founding members)</i>
<i>Tertiary co-operative</i>	<i>2 Secondary co-operatives (Only secondary co-operatives may be members)</i>

PART 2**LIST OF FOUNDER MEMBERS OF _____ (Name of co-operative)**

FULL NAMES, SURNAME AND IDENTITY NUMBER OF FOUNDER MEMBER (Primary co-op) / FULL NAMES, SURNAME AND IDENTITY NUMBER OF REPRESENTATIVE OF FOUNDER CO-OPERATIVE MEMBER - Name and Reg. No. (Secondary /Tertiary co-op)	HOME ADDRESS OF FOUNDER MEMBER (Primary co-op) / PHYSICAL ADDRESS OF FOUNDER CO-OPERATIVE MEMBER (Secondary/Tertiary co-op)	POSTAL ADDRESS OF FOUNDER MEMBER (Primary co-op) / POSTAL ADDRESS OF FOUNDER CO-OPERATIVE MEMBER (Secondary/Tertiary co-op)
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Full names _____ Surname _____ ID Number _____ Co-op name _____ & Registration Number _____/_____/____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

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PART 3

FIRST DIRECTORS OF

_____ (Name of co-operative)
(Sections 6 and 39)

The directors listed in this return have consented to their appointment and according to their letters of consent to their appointment, none of the directors are disqualified to be directors in terms of the Co-operatives Act, 2005, or the constitution of the co-operative.

APPOINTED DIRECTORS

FULL FORENAMES AND SURNAME OF DIRECTOR	IDENTITY NUMBER OF DIRECTOR	HOME ADDRESS OF DIRECTOR	POSTAL ADDRESS OF DIRECTOR	DATE OF APPOINTMENT OF DIRECTOR
Full names: _____ _____ _____ Surname: _____ Position: CHAIRPERSON	_____ _____ _____	_____ _____ _____	_____ _____ _____ Cell No: _____	_____ _____ _____
Full names: _____ _____ _____ Surname: _____ Position: _____	_____ _____ _____	_____ _____ _____	_____ _____ _____ Cell No: _____	_____ _____ _____
Full names: _____ _____ _____ Surname: _____ Position: _____	_____ _____ _____	_____ _____ _____	_____ _____ _____ Cell No: _____	_____ _____ _____
Full names: _____ _____ _____ Surname: _____ Position: _____	_____ _____ _____	_____ _____ _____	_____ _____ _____ Cell No: _____	_____ _____ _____
Full names: _____ _____ _____ Surname: _____ Position: _____	_____ _____ _____	_____ _____ _____	_____ _____ _____ Cell No: _____	_____ _____ _____

PART 4

ADDRESSES AND CONTACT PARTICULARS OF CO-OPERATIVE

[Section 20(3)]

Name of co-operative: _____

Completion of paragraphs (a) and (b) is compulsory.

(a) **Situation of registered office** (Please provide street or other physical address):

Province: _____

(b) **Postal address:**

_____ (Postal code)

(c) Complete if available:

Co-operative tel. no.: (_____) _____

Co-operative fax no.: (_____) _____

Co-operative e-mail address: _____

Website address: _____



PART 5

STATISTICAL INFORMATION FOR PRIMARY CO-OPERATIVES
 (Not compulsory but essential for planning and implementing support measures)

Name of co-operative: _____

**Please complete the following information relating to the
 co-operative as accurately as possible:**

1. Number of female members: _____
 2. Number of male members: _____
 3. Number of members younger than 35 years: _____
 Number of members 35 years and older: _____
 4. Number of disabled persons who are members: _____
 5. Number of black members: _____
 Number of members of other races: _____
 6. Number of members who are not natural persons: _____
 7. Size of the co-operative:
 Total number of members as at foundation date: _____
 Total number of current members: _____ Date: _____
 8. Number of persons employed by co-operative (members and non-members): _____
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