

CO-OP 2

IMPORTANT INFORMATION WITH REGARD TO CHANGES TO THE BOARD OF DIRECTORS

The filing/lodgement of changes of directors is informed by either the new appointment or resignation or expiry of the office term or removal or deceased director(s) or the combination of the above.

The number of directors must at all times be within the minimum and maximum number of directors as specified in the constitution of the co-operative.

Directors are appointed for a term of office in terms of the constitution of the co-operative. Should there be changes to the board of directors, this office needs to be informed of the:

- Changes in the Board of director the **CO-OP2 form must be completed in full.**
- Please attach copy of ID document for each director affected by the change concerned e.g.resigning or new appointment.
- A letter of resignation of a director should be attached.
- Minutes or resolution of a meeting of the board. Minutes must be signed by a Chairperson/Secretary/Officer/Manager and Attendance register must be signed by allattendees
- Death certificate in the event of the deceased director.
- Power of Attorney for anyone signing of behalf of the other.

NB: In the event of the removal of the director(s) please refer to Notice 61 of 2019 Under Co-operatives

- Scan and e-mail completed and signed **CO-OP2** form annexure A, together withsupporting documents to Co-op2@cipc.co.za

FORM CO-OP 2

**NO
PRESCRIBED
FEE**

CLIENT REF:

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**REPUBLIC OF SOUTH AFRICA
CO-OPERATIVES AMENDMENT ACT, 2013**

RETURN RELATING TO DIRECTORS

(To be lodged when particulars of directors change, including resignation and appointment of new directors)
(Sections 6 and 39)

NAME OF CO-OPERATIVE:.....

REGISTRATION NO. OF CO-OPERATIVE:.....

I,.....(Name of director./secretary/manager /officer)
state that the directors listed in this return are all the directors of the co-operative, have consented to their appointment and that, 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, as amended or the Constitution of the co-operative and that the directors listed in the second table have not been re-appointed or have vacated their office for other reasons.

SIGNED.....(Director/secretary/manager/officer of co-operative)

DATE

APPOINTED DIRECTORS

COMPULSORY FIELDS: FULL NAME, HOME AND POSTAL ADDRESS, ID, APPOINTMENT DATE, EMAIL ADDRESS, CONTACT NUMBER, GENDER AND DEMOGRAPHICS

Full forenames.....

Surname.....

ID No Date of appointment.....

Home address.....

Postal address

Email address:

Contact number:

Gender: Male Female Youth Person living with a disability

Full forenames.....
Surname.....
ID No Date of appointment.....
Home address.....
.....
Postal address
Email address:
Contact number:
Gender: Male Female Youth Person living with a disability

Full forenames.....
Surname.....
ID No Date of appointment.....
Home address.....
.....
Postal address
Email address:
Contact number:
Gender: Male Female Youth Person living with a disability

Full forenames.....
Surname.....
ID No Date of appointment.....
Home address.....
.....
Postal address
Email address:
Contact number:
Gender: Male Female Youth Person living with a disability

Full forenames.....
Surname.....
ID No Date of appointment.....
Home address.....
.....
Postal address
Email address:
Contact number:
Gender: Male Female Youth Person living with a disability

Full forenames.....

Surname.....

ID No Date of appointment.....

Home address.....

.....

Postal address

Email address:

Contact number:

Gender: Male Female Youth Person living with a disability

DIRECTORS THAT HAVE VACATED OFFICE

(If applicable)

Full forenames.....

Surname.....

ID No..... Date of vacation.....

Reason for vacation.....

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Email address:

Contact number:

Full forenames.....

Surname.....

ID No..... Date of vacation.....

Reason for vacation.....

.....

Email address:

Contact number:

Full forenames.....

Surname.....

ID No..... Date of vacation.....

Reason for vacation.....

.....

Email address:

Contact number:

Full forenames.....

Surname.....

ID No..... Date of vacation.....

Reason for vacation.....

.....

Email address:

Contact number:

Full forenames.....
Surname.....
ID No.....Date of vacation.....
Reason for vacation.....
.....
Email address:
Contact number: