

## CO-OP 2

### IMPORTANT INFORMATION WITH REGARD TO CHANGES TO THE BOARD OF DIRECTORS

- For changes to the board of directors form **COOP2** must be completed.
  - A co-operative must within 30 days after an annual general meeting submit to this office the full names, surnames and addresses of all directors of the co-operative, as well as, any directors that have vacated their positions. This must be done annually, irrespective of changes to the board or not.
  - 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.
  - Should a director be expelled or a whole board of directors be replaced with new directors, this office will do a verification process which will take a minimum of 14 working days, before the changes will be made on the CIPC database.
  - 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 outside the term of office / during a financial year, this office needs to be informed of the:
    - Changes on a **COOP2**, Please attach copy of ID document for each director.
    - From which date the changes are effective (on **COOP2**).
    - Reasons why the number of members of the board of director was increased out of term (if applicable);
    - Reasons for any director's vacation of office out of term (if applicable), i.e.:
      - A letter of resignation of a director should be attached. Also indicate whether the Director also resigned as founder member, where applicable.
- OR
- Minutes of a meeting of the board, if a director was expelled as director as he/she has become incompetent to be a director or was absent from a number of consecutive board meetings without leave, as specified in the constitution of the co-operative. The Minutes must be signed by all of the directors and be certified a true copy
- OR
- Certificate of death

**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**

<b>FULL NAME, HOME AND POSTAL ADDRESS, ID, APPOINTMENT DATE, GENDER AND DEMOGRAPHICS</b>	
Full forenames.....	
Surname.....	
ID No .....	Date of appointment.....
Home address.....	
.....	
Postal address .....	
.....	
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/> Youth <input type="checkbox"/> Person living with a disability <input type="checkbox"/>

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

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

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

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

Full forenames.....  
Surname.....  
ID No ..... Date of appointment.....  
Home address.....  
.....  
Postal address .....  
.....  
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..... ..... ..... .....
Full forenames..... Surname..... ID No.....Date of vacation..... Reason for vacation..... ..... ..... .....
Full forenames..... Surname..... ID No.....Date of vacation..... Reason for vacation..... ..... ..... .....
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