



EDO STATE

**MINISTRY OF WEALTH CREATION, COOPERATIVES AND
EMPLOYEMNT**

**4th-6th FLOORS, SECRETARIAT BUILDING, SAPELE ROAD,
BENIN CITY**

DEPARTMENT OF COOPERATIVES

REGISTRATION OF COOPERATIVES

(Cap C16, Vol. 2 Sections 3-9 laws of Edo State)

Your application to the Director of Cooperatives datedmonth.....20- - -
referenced (section 6). Kindly provide the required information with respect to your
application for registration.

1. Name of the Society
.....
2. Address of the Society
.....
3. LGA of activities
.....
4. GSM and e-mail of contact person(s)
 - i20- - -
 - ii20- - -
 - iii20- - -
5. Purpose of registration / object clause (Economic interest: section 4)
 - i20- - -
 - ii20- - -
 - iii20- - -
6. Nature of registration sought, viz: (i) Limited liability; (ii) without limited liability
7. If 6(i) above, attach evidence of share capital Or contribution by each member.
8. Indicate dates of meetings where decision for formation was taken (Attach minutes of two meetings) (i).....20- - (ii).....20- -
9. State names of members (Attach list with signature of at least 10 persons)

10. Names of Trustees

- iPresident (GSM)
- ii V. President (GSM)
- iii Secretary (GSM).....
- ivTreasurer(GSM)

11. Does the Society have bye- laws already? Yes/ No
(If Yes, attach three copies)

Official use only

12. I wish to report that this society seeking registration has fulfilled necessary conditions

- i Name of Registration office.....
- ii Rank
- iii Date

13. Based on '12' above, I hereby recommend the registration of :

(Society) _____ for registration
as a limited / Non limited liability Cooperatives society this ____ day of _____
20- -

Name..... Rank.....Sign.....

14. Satisfied with the recommendation above, I hereby approve the registration of above
named cooperatives society in accordance with the Cooperatives Societies Law
(CAP C.16 Laws of Edo State)

Director of Cooperatives

Dated, 20- -