REPUBLIC OF SOUTH AFRICA

CO-OPERATIVES ACT, 2005

# APPLICATION FOR RESERVATION OF NAME OR TRANSLATED FORM OR SHORTENED FORM OF NAME

(Regulation 11)

CR5

Client Ref:

R 50

## PART A

Proposed Name [X] or Translated Form [X] or Shortened Form [X]

| In order of preference | For Office Use | |
|---|---|---|
| 1 | Approved | Reject |
| 2 | Approved | Reject |
| 3 | Approved | Reject |
| 4 | Approved | Reject |
| 5 | Approved | Reject |
| 6 | Approved | Reject |

Reservation is valid for three months

## PART B

Is the proposed name associated with a person, co-operative or a company? If so, what is the name and number (If a co-operative or company) and the nature of the association (e.g. member, director etc)

## PART C

Main object/business of the co-operative/proposed co-operative:

Name of Applicant

Address to which form must be returned (If not lodged electronically)

Complete if available

1 Co-operative Tel. No C O D E

2 Co-operative Fax No C O D E

3 Co-operative E-mail Address

4 Website address W W W .

5 Cellphone no

Preferred method of communication E-Mail [X] Fax [X] Postal service [X]

Signature of aplicant _____ Date Y Y Y Y M M D D