



COMMONWEALTH OF DOMINICA
MINISTRY OF FINANCE
FINANCIAL SERVICES UNIT

APPLICATION FOR REGISTRATION OF A CO-OPERATIVE SOCIETY

**SECTION I. INSTRUCTIONS FOR COMPLETING FORM 001:
APPLICATION FOR REGISTRATION OF A COOPERATIVE SOCIETY**

1. In keeping with section 12 of the Co-operative Societies Act 2 of 2011, this application must be submitted with all supporting documentation listed at the end of the form and a non-refundable application fee.
2. This form may be downloaded from the regulatory authority's website and completed online. Alternatively, the form may be printed and completed in writing or typescript, using **BLACK INK** and **BLOCK CAPITALS**.
3. Any information provided on additional sheets must be signed and dated.
4. Where there is a question which is not applicable, please write "N/A" beside the question.
5. All dates must be completed in the form: Day/Month/Year.
6. Questions left unanswered or which do not disclose all information will affect the Registrar's assessment, and may delay the expected turnaround time to respond.

1. Date of Application:		<input type="checkbox"/> Application Fee attached
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SECTION II. APPLICANT'S CONTACT DETAILS

2. Name of Applicant:	
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3. Registered office information:	<input type="checkbox"/> Address Information attached
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Address:			
Contact Person:		E-mail Address:	
Telephone Number:		Fax Number:	

4. Website address, if any:	
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5. Are all the objects of the co-operative society stated in the Bye-laws?	<input type="checkbox"/> Yes	<input type="checkbox"/> Bye-laws attached
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6. The bond of membership is? Define geographical area, constituents & livelihoods targeted:	<input type="checkbox"/> Island-wide	<input type="checkbox"/> Open		<input type="checkbox"/> Closed
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7. Type of co-operative business:	<input type="checkbox"/> Financial	<input type="checkbox"/> Production	<input type="checkbox"/> Services	<input type="checkbox"/> Consumer	<input type="checkbox"/> Housing
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8. Business Plan attached and addresses:	<input type="checkbox"/> Mission & Specific Services Demand	<input type="checkbox"/> Capital Base & Support Evidenced	<input type="checkbox"/> Organisation, Charts, Competencies	<input type="checkbox"/> Management, Policies & Audit	<input type="checkbox"/> Membership, Jobs & Business Growth
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9. Date the Society was established:	Number of members signed on to date:	<input type="checkbox"/> Application Fee attached
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10. Accounts Receivable to date:	Under 90 days	\$	Explain...
	91-180 days	\$	
	Over 180 days	\$	

SECTION III. PARTICULARS RELATING THE MEMBERS OF THE APPLICANTS

11. Provide the following particulars for each member who is required to sign this application as stipulated by section 12 (2) of the Act. Select the appropriate membership information below, in line with your organization type.

a) One-third of the total membership of the applicant, in the case of a co-operative society with members who are not registered.	<input type="checkbox"/>
b) Three-quarters of the total membership of the applicant, in the case of a co-operative society where not all members of the co-operative society are registered co-operative societies.	<input type="checkbox"/>
c) At least two of the total membership of the applicant, in the case of a co-operative society where all the members are registered as co-operative societies.	<input type="checkbox"/>

Name of Member 1:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 2:	
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Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 3:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 4:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 5:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 6:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 7:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 8:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 9:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member			
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10:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 11:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 12:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 13:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 14:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

Name of Member 15:			
Address:		Occupation:	
Date of Birth:		Telephone Number:	
E-mail Address:		Signature:	

SECTION IV. DIRECTORS AND MANAGEMENT TEAM

12. Provide the names of the directors of the applicant (minimum of 5 , maximum of 13):

Organizational Chart attached

Director 1:		<input type="checkbox"/> Resume Attached
Director 2:		<input type="checkbox"/> Resume Attached
Director 3:		<input type="checkbox"/> Resume Attached
Director 4:		<input type="checkbox"/> Resume Attached
Director 5:		<input type="checkbox"/> Resume Attached
Director 6:		<input type="checkbox"/> Resume Attached
Director 7:		<input type="checkbox"/> Resume Attached
Director 8:		<input type="checkbox"/> Resume Attached
Director 9:		<input type="checkbox"/> Resume Attached
Director 10:		<input type="checkbox"/> Resume Attached
Director 11:		<input type="checkbox"/> Resume Attached

13. Provide the names of executive officers or managers:

Name 1:		<input type="checkbox"/> Resume Attached
Name 2:		<input type="checkbox"/> Resume Attached
Name 3:		<input type="checkbox"/> Resume Attached
Name 4:		<input type="checkbox"/> Resume Attached
Name 5:		<input type="checkbox"/> Resume Attached

SECTION V. COMPLIANCE PROGRAM INFORMATION

14. The applicant complies with the Money Laundering Prevention Act and the Prevention of Terrorism Act.

Yes (Compliance Manual attached)

No

15. The compliance manual addresses the requirements captured in the Cooperative Societies Act.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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16. The applicant has documented AML/CFT policies and procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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17. The applicant has conducted a risk assessment of its services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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18. The applicant has an AML/CFT training program in place for staff.	<input type="checkbox"/> Yes (AML training schedule attached)	<input type="checkbox"/> No
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19. The applicant has a designated compliance officer.	<input type="checkbox"/> Yes (Name and CV attached)	<input type="checkbox"/> No
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20. The applicant has an independent audit review program in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SECTION VI. DECLARATION

This declaration must be signed by any two authorized signatories of the applicant.

The applicant hereby declares that all the information provided in this application and any other document provided in support of the said application is true and correct. The applicant further undertakes to inform the Registrar without delay of any changes to the information supplied with this application. We understand and accept that the Registrar may wish to make inquiries, both now and on a continuing basis, to satisfy itself as to the initial and continuing fitness and propriety of the applicant and its directors and management. Consequently, we authorize any person, body or institution named in this application that the Registrar may approach, to provide such information, as the Registrar believes may be relevant to its assessment.

Authorized Name (1):	<input type="checkbox"/> Proof of authorized signatures attached
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Title/Position	
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Authorized Signature	Date:
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Authorized Name (2):	
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Title/Position	
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Authorized Signature	Date:
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SECTION VII. DOCUMENTATION WHICH FORMS PART OF THIS APPLICATION

Documents	Notes	Attached
1. Application Fee	A one-time non-refundable application fee of EC\$25.00 as prescribed in Schedule 2 and payable to the Accountant General	<input type="checkbox"/>
2. Address Information	An original copy of a utility bill or similar document showing proof of principal address of the applicant's registered office.	<input type="checkbox"/>
3. Resume	A biographical affidavit for each Director, Manager or Officer of the Applicant.	<input type="checkbox"/>
4. An organizational chart	An organizational chart for the applicant detailing the corporate governance, departments of the organization, the levels of management and other positions.	<input type="checkbox"/>
5. Articles and Bye-laws	Certified copy of articles and bye-laws or other governing documents are required in the name of the applicant.	<input type="checkbox"/>
6. Business Plan	A three (3) year business plan.	<input type="checkbox"/>
7. Compliance Manual	A copy of the applicant's Compliance Manual, outlining the organization's anti-money laundering policies and procedures, the prevention of terrorism, ongoing training policies and procedures, independent audit review policies, the role of the compliance officer and compliance policies in place relevant to applicable laws and regulations governing the cooperative society.	<input type="checkbox"/>
8. Training Schedule	A description of the staff training which is in place or to be instituted to ensure compliance with the Money Laundering Prevention Act, the Prevention of Terrorism Act, and Money Laundering Regulations and Guidelines and relevant to applicable laws and regulations governing the cooperative society.	<input type="checkbox"/>
9. Authorised signatories	A certified copy of a list of the names and signatures of all directors who can sign on behalf of the applicant.	<input type="checkbox"/>
10. Certificate of Registration Fee	Fee of EC\$300.00 as prescribed in Schedule 2 and payable to the Accountant General upon receipt of confirmation of approval of registration.	<input type="checkbox"/>

SECTION VIII. ADMINISTRATION - FOR OFFICE OF REGISTRAR'S USE ONLY

Received by (employee's name):		Date:	
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Decision taken by the Registrar:		Date:	
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