## **CO-OPERATIVES ASSOCIATIONS ACT**

## **MEMORANDUM OF ASSOCIATION**

We, the persons whose names are signed below as applicants, wish to be associated as a co-operative association in accordance with the provisions of the Co-operative Associations Act and this memorandum.

1.	The name of the co-operative association is:
2.	The registered office of the co-operative association will be situated at:
3.	The objects of the co-operative association are:
4.	The authorized share capital of the co-operative association shall consist of:

WITNESSES	APPLICANTS
Signature: Postal and Street Address:	Signature: Postal and Street Address:
Name: Occupation:	Name: Occupation:
Signature: Postal and Street Address:	Signature: Postal and Street Address:
Name: Occupation:	Name: Occupation:
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