



SKILLS ACADEMY

CO-OPERATIVE LIMITED

Member Declaration and Acknowledgement

(Membership application and initial share purchase)

Full Name (as per Birth Certificate)			
Residential Address			
Date of Birth:		Citizenship:	
Phone:		Email:	

Member Declaration

I apply voluntarily for membership of Skills Academy Co-operative Limited. I declare that I am at least 18 years old, a citizen or resident of Fiji, resident within its area of operations, of good character and sound mind, and not an undischarged bankrupt. The information I provide is true and complete.

I acknowledge that the by-laws have been made available to me and I have had the opportunity to ask questions. I agree to comply with the registered by-laws, fulfil my membership duties and observe lawful decisions of the co-operative. I understand that the Board decides admission and that payment alone does not confirm membership.

Initial share purchase and acknowledgement

Shares Subscribed:		at \$ 1.00 each	Total Commitment:	\$	
Share Payment Today:	\$		Share Balance Payable:	\$	
Entrance fee, if applicable:	\$		Total Paid Today:	\$	

Payment Method:		Transaction Reference:	
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I acknowledge the minimum holding of 100 shares (FJ \$100.00), with at least FJ \$ 10.00 payable on admission and the minimum holding to be completed within 30 days of election to membership. Shares must be paid up before allotment. Until I hold 100 shares, I cannot vote or hold office; thereafter each eligible member has one vote irrespective of shares held.

I understand that shares are capital at risk, not a savings deposit or a guaranteed return. Withdrawal from membership requires one year's written notice to the Secretary. Any repayment of share capital is subject to the registered by-laws and applicable law. Entrance fees are non-refundable except where the membership application is rejected.

Applicant signature:		Date:	
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Co-operative Acknowledgement and Office Use

Amount Received:		Receipt No.		Payment Date:	
Board Decision:				Decision Date:	
Member No.:		Shares Alloted:		Allotment Date:	

Authorized Officer Name:	
Authorized Officer Role:	
Authorized Officer Signature:	
Authorization Date:	