

Details of liquidator of (Name of co-operative) _____ :

Name and Surname: _____

Qualifications: _____

I.D. No. : _____

Warrant no.: _____

Address: _____

Contact details:

e-mail _____

tel. No. _____

mobile no. _____

Signed by:

Name and Surname: President

Signature

Or

Name and Surname: Secretary

Signature

Acceptance by liquidator

I, the undersigned, hereby **accept my nomination** to the above-mentioned position.

Name and Surname of liquidator

Signature