



a world class African city

YOUTH CO-OPERATIVE REGISTRATION FORM

Personal Information									
Name				Surname					
ID Number				Age					
Citizenship									
Contact Number				E-mail Address					
Physical Address									
Co-Operative Information									
Are you a registered Co-operative	Yes	No							
If yes Name of Co-operative									
Co-operative Registration Number									
Business Sector (e.g. Agriculture, Manufacturing, Construction)									
Co-operative Bank Account	Yes	No							
Is your Co-operative Registered at CSD	Yes	No							
Is your Co-operative Operational	Yes	No							
If yes for how long? e.g. 1 year, 2 years	0-2 yrs.			3 – 5 yrs.			5 or more		
City Region	A	B	C	D	E	F	G		
Ward Number									
Vulnerable group i.e. Disabilities, Women/ Youth									
Have you received any type of training?	Yes	No							
If yes, what type?									
FOR OFFICE USE ONLY									
Name & Surname of the official:	Form Verified:				Yes	No			
Contact Number:	Region/Department:								
Signature:	Date:								