LIST OF OFFICERS AND TRAININGS UNDERTAKEN/COMPLETED

	As of	·	
NAME OF COOPERATIVE:	_		
ADDRESS:			
ASSETS OF THE COOPERATIVE:			

NAME OF OFFICERS	POSITION/ DESIGNATION IN THE COOPERATIVE	Sex (M/F)	TERM OF OFFICE (Inclusive year)	MANDATORY TRAINING UNDERTAKEN/ COMPLETED	DATE/SCHEDULE OF TRAINING	TRAINING PROVIDER	ACCREDITATION NUMBER	REMARKS

Prepared by:	Certified True and Correct:

Sign over printed name EDUCATION & TRAINING COMMITTEE

Sign over printed name GENERAL MANAGER

Sign over printed name CHAIRPERSON