CGS Report Form

OFFICE _____

FOR THE MONTH OF _____

Monthly Report on the Issuance of the
Certificate of Good Standing

DATE OF ISSUE	CGS NO.	NAME AND ADDRESS OF COOPERATIVES	PURPOSE OF ISSUANCE	TYPE OF COOPERATIVE	EXPIRY DATE

Summary:

Total Number of CGS issued _____
Break-down of CGS issued _____
Credit Cooperative _____
Consumer Cooperative _____
Producer Cooperative _____
Marketing Cooperative _____
Service Cooperative _____
Multi-Purpose Cooperative _____
Union _____
Federation _____

Total _____

Prepared by:

_____

Noted by:

_____

OBSOLETE