



APPLICATION FORM FOR REFERRING A DISPUTE

CO-OPERATIVE TRIBUNAL DISPUTE

Lodged at the Department of Co-operative Business at.....
on the day of.....20.....

Complainant details

Name:.....

Address:

Occupation:

Phone contact:

Member of a co-operative: Yes No

Name of the co-operative:

Complainee details

Name:

Name of the co-operative:

Address:

Occupation:

(If applicable)

Phone contact:

Is the complainee a member of the co-operative: Yes No

Name of the co-operative:

DISPUTE DETAILS

1. Complaint Type:

Membership:

Share:

Land issue:

Financials:

Office bearers:

Termination:

Others:

(Please specify)

2. Has the dispute been referred to:

Co-operative Board: Yes No

Co-operative General meeting: Yes No

Director and Registrar of Co-operative: Yes No

Judicial System: Yes No

3. Names and contacts of witnesses:

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(The details of dispute is outlined in the attached PARTICULARS OF DISPUTE)

