Republic of Uganda

Form III.
Form of Annual Return.

The Cooperative Societies Regulations.
(To be submitted within four months of end of financial year.)

To: The Registrar of Cooperative Societies
   P.O. Box 3585
   Kampala

Dear Sir/Madam,

1. Name of society ____________________________________________
2. Registered number __________________________________________
3. Date of registration _________________________________________
4. Registered address __________________________________________
5. Type of society ____________________________________________
6. The liability of the members is2—
   (a) limited to the nominal value of each share held;
   (b) limited to _________ times the nominal value of each share held;
   (c) unlimited.
7. The number of members of the society is ______________________
8. The number of shares issued is ______________________________
9. The nominal value of one share is________________________ shillings.
10. The total indebtedness of the society secured by registered charges is
    __________ shillings.
11. The date of the annual general meeting was ____________________
12. The maximum liability which the society may incur in loans or deposits
    is _________ shillings.

________________________________________________________________

2Delete whichever is not applicable.
13. Particulars of officials elected for the year ______ to ______ are as follows—

<table>
<thead>
<tr>
<th>Title of office</th>
<th>Name of holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td>_________________________________</td>
</tr>
<tr>
<td>Vice chairperson</td>
<td>_________________________________</td>
</tr>
<tr>
<td>Secretary</td>
<td>_________________________________</td>
</tr>
<tr>
<td>Treasurer</td>
<td>_________________________________</td>
</tr>
<tr>
<td>Committee members</td>
<td>_________________________________</td>
</tr>
</tbody>
</table>

A copy of the last audited balance sheet is filed with this annual return.

Dated this ______ day of _______________, 20 _____

________________________________
Secretary