



COOPERATIVE NAME RESERVATION REQUEST FORM (CNRRF)

Instructions:

1. Please provide all applicable information legibly.
2. Provide a maximum of 3 preferred cooperative names. Do not use special characters in the preferred cooperative names (e.g. *,/,,@,etc.)
3. Limit each preferred name to a maximum of 100 characters including acronym, if any.

1. Proposed Name

Preference 1 _____

Preference 2 _____

Preference 3 _____

2. Please check appropriate box

Reservation (30 days)

Reservation (60 days)

Reservation (90 days)

Extension of 30 days from Expiry of reservation

Re-issuance of Name Reservation Slip/ Notice (CNRN)

3. **Former Name** (applicable only to existing registered cooperatives intending to change coop name) _____

4. **Proposed Nature of Business** _____

5. **Proposed Principal Office Address** _____

6. **Name of Applicant** _____

7. **Complete Address of Applicant** _____

8. **Telephone/Cellphone/Fax Numbers** _____

9. **E-mail Address, if any.** _____

10. **Signature:** _____

Name & Signature of attending CDA staff:

Date & Time: _____

Comment: _____

Re-issuance of Cooperative Name Reservation Notice (CNRN)

Proposed name verified but the CNRN was lost w/in the reservation period
Extension of Reservation Period – Modification of reservation period to 30 days from the expiration of the original reservation.

Others: Other transactions not stated above.

Reminder: You are given five (5) days to submit the original copy and the required fee in case CNRRF is submitted through fax.