NOTICE OF SPECIAL MEETING TO DISSOLVE A BRANCH/GROUP

A Special General Meeting of	Branch/Group
will be held on [date]	at [time]
at [location]	 .

The business of the meeting is to consider the proposal to dissolve the Branch/Group.

Agenda

- 1. Welcome
- 2. Apologies
- 3. Minutes (if any)
- 4. Financial reports
- 5. Proposal for proposed winding up of Branch/Group
- 6. Resolutions in relation to the winding up of the Branch/Group
 - Resolution to dissolve Branch/Group
 - Resolution on the distribution of funds
 - Resolution on the distribution of assets
- 7. Records where the records are to be held
- 8. General Business
- 9. Close meeting

RESOLUTION TO DISSOLVE A BRANCH/GROUP

Name of the Branch/Group					
The members of the		Branch/Group agree to			
dissolve the		Branch/Group as of the			
date /					
IN FAVOUR	AGAINST	ABSTAINED			
Write the number of votes in favour here.	Write the number of votes against here.	Write the number of votes abstained here.			
The vote was CARRIED / NOT CARRIED [strike out one] Signed:					
Name:	Date:				

Notes

These forms may also be used when winding up a Provincial.

Write the Branch/Group's name in full.

The motion must be put to all paid up members of the Branch/Group.

The chairperson of the meeting or the Branch/Group President signs the form.

When completed, return this form to the CEO at the RWNZ National Office, PO Box 12-021, Wellington 6144.

RESOLUTION ON THE DISTRIBUTION OF FUNDS FOLLOWING WINDING UP OF A BRANCH/GROUP

The members of		Branch/Group agree to		
distribute its remaining funds (after all its debts, costs, and expenses are paid) to:				
(Select one of the following optio	ns)			
OPTION A:				
Rural Women New Zealand Incor	porated for the advancement of	the RWNZ's objectives.		
OPTION B:				
Rural Women New Zealand Incor Branch/Group would like to see I	-	or purpose to which the		
IN FAVOUR	AGAINST	ABSTAINED		
Write the number of votes in favour here.	Write the number of votes against here.	Write the number of votes abstained here.		
The vote was CARRIED / NOT CA				
Signed:				
Name:	Date:			
Notes This forms may also be used when w	vinding up a Provincial.			

The motion must be put to all paid up members of the Branch/Group.

The chairperson of the meeting or the Branch/Group President signs the form.

When completed, return this form to the CEO at the RWNZ National Office, PO Box 12-021, Wellington 6144.

Write the Branch/Group's name in full.

RESOLUTION ON THE DISTRIBUTION OF ASSETS FOLLOWING WINDING UP OF A BRANCH/GROUP

The members of		Branch/Group agree to			
distribute its assets (such as, furniture, trophies, crockery, etc. but not including cash or investments) as follows:					
(List the assets and indicate where they are to be distributed to)					
IN FAVOUR	AGAINST	ABSTAINED			
Write the number of votes in favour here.	Write the number of votes against here.	Write the number of votes abstained here.			
The vote was CARRIED / NOT CARRIED [strike out one]					
Signed:					
Name: Date:					

Notes

This forms may also be used when winding up a Provincial.

Write the Branch/Group's name in full.

The motion must be put to all paid up members of the Branch/Group.

The chairperson of the meeting or the Branch/Group President signs the form.

When completed, return this form to the CEO at the RWNZ National Office, PO Box 12-021, Wellington 6144.

CONFIRMATION OF CLOSURE FORM

A meeting of the	Branch/Group
was held on/ at [location]	
The following members attended the meeting:	
(List names of attendees)	
At the meeting the following resolutions were passed:	
Resolution confirming that the Branch/Group is wound up.	Enclosed Yes / No
 Resolution on distribution of funds. 	Enclosed Yes / No
• Resolution on the distribution of assets.	Enclosed Yes / No
No monies have been distributed to members for personal gain.	
No monies have been distributed to another group or charity.	
The books and records of the Branch/Group have been lodged at:	
Signed:	
Name and Position:	
Date:	

Notes

The chairperson of the meeting or the Branch/Group President signs the form.

When completed, return this form to the CEO at the RWNZ National Office, PO Box 12-021, Wellington 6144.