

## Application for Registration under the Charities Act, 2013

Name of Entity or Individual:		Address:	
Date of Application: ____/____/____ (dd/mm/year)		Registration Number:	TRN:
<b>NAME OF PERSON MAKING APPLICATION</b>			
Names			
TRN			
Telephone #		Email Address	
Addresses			
State type of entity: Limited <input type="checkbox"/> Unlimited <input type="checkbox"/> Other _____		Under which Act is the entity Registered: (not applicable to individuals operating unregistered entities)	
State main objectives of the Entity:			
1.			
2.			
3.			
State names of Founding Member/Shareholders /Trustee			
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

*(attached list of names if space is inadequate)*

## Application for Registration under the Charities Act, 2013

Minimum number of Directors: \_\_\_\_\_ Maximum numbers of Directors : \_\_\_\_\_

<b>PARTICULARS OF DIRECTORS / TRUSTEE AND SECRETARY at the time of Application for Charitable Status</b>					
Names and Position:	Date Appointed to Board	TRN	Residential Addresses: Email	Occupations/ Nationality	Contact # :

*(All Directors / Trustee and Secretary to complete and attach the fit and proper questionnaire)*

Name of first Secretary: _____
State reasons for seeking Charitable status: _____
State sections of Rules / Articles of Association / Constitution that speaks to how the assets and liabilities of the Society will be treated with upon dissolution (winding up): _____
State sections of Rules / Articles of Association / Constitution that speaks to how the Accounts are kept and manner of inspection: _____
State source of funds: _____
State year of previously Audited Financial Statement _____
<b>I HEREBY DECLARE THAT THE INFORMATION SUBMITTED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b>
Signature of Applicant: _____

## Application for Registration under the Charities Act, 2013

Kindly submit the applicable documents

	v documents submitted
• Memorandum of Association/Rules/Constitution	[ ]
• Articles of Association	[ ]
• Form 1 B – Articles of Incorporation	[ ]
• Schedule 1	[ ]
• Prior Year Audited Financial Statement	[ ]
• Fit and Proper Questionnaire	[ ]
• Certificate of Incorporation	[ ]
• Entity' s Tax Registration Number (TRN)	[ ]

### FOR OFFICIAL USE

Date Application was received by the Charities Authority \_\_\_/\_\_\_/\_\_\_ (dd/mm/year)

Date last Charitable Status was approved \_\_\_/\_\_\_/\_\_\_ (dd/mm/year)

Checked by: Mrs., Mr., Ms \_\_\_\_\_

Forms completed :      Yes       No

Attachments submitted : Yes       No

Date application forwarded to Commissioner General \_\_\_/\_\_\_/\_\_\_ (dd/mm/year)

Date response received from Commissioner General \_\_\_/\_\_\_/\_\_\_ (dd/mm/year)

Approval given: Yes       No

If No, reason: .....

Date Companies Office of Jamaica advised: \_\_\_/\_\_\_/\_\_\_ (dd/mm/year)

Registration Certificate No: \_\_\_\_\_

Date Certificate of Approval was issued \_\_\_/\_\_\_/\_\_\_ (dd/mm/year)