**REQUIREMENT UNDER THE PROVISION OF THE CHARITIES ACT 2013, JAMAICA**

**FORM “7”**

**NOTICE OF CHANGE TO CHARITIES AUTHORITY**

**NAME OF ORGANIZATION:…………………………………………………………………………….**

**ORGANIZATION REGISTRATION NUMBER:……………………………………………………..**

**ORGANIZATION TAXPAYERS REGISTRATION NUMBER:…………………………………**

**NOTICE OF CHANGE -** Fill in the section(s) that apply(ies)

Notice is hereby given in accordance with Section 28, 1 (a - e) of the Charities Act, 2013 that the following change(s) was/were made on the ……………….day of ………………………………………20.........

**(a) Name of the Charitable Organization** (*Please attach relevant evidence*)

|  |  |  |
| --- | --- | --- |
| **ORIGINAL NAME** | **NEW NAME** | **DATE CHANGE(S) MADE** |
|  |  |  |
|  |  |  |

**(b) Address of the Organization’s Registered Office** (*Please attach relevant evidence*)

|  |  |  |
| --- | --- | --- |
| **ORIGINAL ADDRESS** | **NEW ADDRESS** | **DATE CHANGE(S) MADE** |
|  |  |  |
|  |  |  |

**(c) i Director(s)** (*Please attach relevant evidence*)

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME(S) OF DIRECTOR(S)** | **APPOINTED/**  **CEASED TO HOLD OFFICE** | **DATE** | **PARTICULAR(S)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(c) ii Subsidiary Body** (*Please attach relevant evidence*)

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME(S) OF SUBSIDIARY BODY** | **BODY CEASED TO BE/BECOME A SUBSIDIARY OF THE ORGANIZATION** | **DATE** | **PARTICULAR(S)** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Current Director(s) of the Organization as of the……………….. day of ……………………..20….. are:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name(s)** | **Address** | **Occupation** | **TRN** | **Contact No.** | **Email Address** |
|  |  |  |  |  |  |
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**\*\*\*\*Attachment for additional directors if necessary and Fit and Proper Questionnaire for**

**new Director**

**(d) Constitution** (Please attach the relevant evidence)

|  |  |  |
| --- | --- | --- |
| **SECTION(S)** | **DATE OF CHANGE** | **LEGAL PROCEDURE APPLIED** |
|  |  |  |
|  |  |  |
|  |  |  |

**2e. Breach(es) of the Charities Act** (Please attach detailed information)

|  |  |  |
| --- | --- | --- |
| **Date** | **Section Breached** | **Reason(s) for Beach(es)** |
|  |  |  |
|  |  |  |
|  |  |  |

**Note: The notification should be given to the Charities Authority no later than twenty-eight (28) days after the registered charitable organization first become aware of the circumstances mentioned in all the cases above.**

***This is to certify that the above information is correct and is in keeping with the Charities Act,***

***2013 and the constitution of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Name of Organization***

***President/Secretary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***