

**RENEWAL OF CHARITABLE STATUS
UNDER THE CHARITIES ACT, 2013**

I/WE hereby request renewal of the:

NAME OF ORGANISATION:.....

REGISTRATION CERTIFICATE NUMBER:.....

ADDRESS OF ORGANISATION:.....

TELEPHONE NUMBER:

TRN NUMBER:

EMAIL ADDRESS OF ORGANIZATION:

EMAIL ADDRESS OF CONTACT PERSON:

PREVIOUS REGISTRATION DATE:..... to

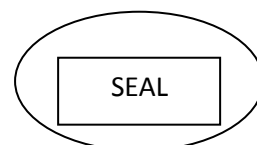
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|---|----------|----------|
| 1. Have there been any changes to the Organisation's Constitution? | Yes..... | No |
| Were these changes registered with the Charities Authority? | Yes..... | No |
| 2. Is there any change(s) on the Organisation's governance structure? | Yes..... | No |
| Were these changes registered with the Charities Authority? | Yes..... | No..... |
| 3. Were the financial statements for the previous Financial Year filed? | Yes..... | No |
| 4. Was the Annual Returns for the previous calendar year filed? | Yes..... | No |
| 5. Were Fit and Proper Questionnaires submitted for all Directors? | Yes..... | No |

NB: If any of the above is outstanding, kindly submit documentation required along with unaudited internal year to date Financials. Any changes not filed as per Questions 1, 2, & 5 complete and submit Form 7 'Notice of Change to Charities Authority'

I hereby declare that the answers provided to the above questions are true to the best of my knowledge, belief and information. It is an offence to knowingly provide false information in, or in relation to this Form; and that any misleading information presented may result in a refusal of the Charities Authority to grant renewal of the Organisation's charitable status.

Dated the day of, 20.....

Signed:.....



FOR OFFICIAL USE ONLY

The Organisation has met all the Regulatory and Statutory requirements.

Approved:.....

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Not approved:.....

Checked by: Date:

COMMENTS (IF ANY):

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Charities Authority: Date:

DEPARTMENT OF CO-OPERATIVES & FRIENDLY SOCIETIES