

THIRD SCHEDULE

THE CHARITIES ACT

The Charities Regulations, 2022

(Regulation 6(1))

APPLICATION FOR RENEWAL OF REGISTRATION

NAME OF REGISTERED CHARITABLE ORGANIZATION:

REGISTRATION CERTIFICATE NUMBER:

ADDRESS OF REGISTERED CHARITABLE ORGANIZATION:

CHARITY ORGANIZATION REGISTRATION NUMBER:

PREVIOUS REGISTRATION DATE:

EXPIRATION DATE OF CERTIFICATE OF REGISTRATION:

REGISTERED CHARITABLE ORGANIZATION TAXPAYERS REGISTRATION NUMBER:

CONTACT NUMBER OF REGISTERED CHARITABLE ORGANIZATION:

EMAIL ADDRESS OF REGISTERED CHARITABLE ORGANIZATION:

| | | |
|---|------------------------------|-----------------------------|
| 1. Have there been any changes to the Registered Charitable Organization's Constitution, Governing Board Members, Governance Structure or Registered address? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, were these changes registered with the Charities Authority? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Were the financial statements for the previous Financial Year filed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Was the Annual Returns for the previous calendar year filed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Where Fit and Proper Questionnaires with certified passport size picture submitted for all Governing Board Members? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

NOTE:

- a) If any of the above-mentioned documents are outstanding, kindly submit documentation(s) required along with unaudited internal year to date Financials. Any changes not filed as per Questions 1 & 5, complete and submit Form 7 "Notice of Change to Charities Authority".**

b) 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 the Charities Authority refusal to grant the renewal of the organization’s Charities Registration.

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 Organization’s charitable status.

Dated the _____ day of _____, _____

Name: _____

Signed: _____



| FOR OFFICIAL USE ONLY | |
|---|---------------------|
| Checked by: _____ | Date: _____ |
| The Registered Charitable Organization has met all the Regulatory and Statutory requirements. | Approved: |
| | Not approved: |
| Comments (If Any): | |
| Charities Authority: | Date: |
| DEPARTMENT OF CO-OPERATIVES & FRIENDLY SOCIETIES | |

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Date Application was received by the Charity Authority: ____/____/____ (dd/mm/yyyy)

Date last Charitable Status was approved, if applicable): N/A

Checked by: Mrs., Mr., Miss

Form completed: Yes No

Document submitted: Yes No

Approval given: : Yes No

If no, reason:
