

RENEWAL OF CHARITABLE STATUS

UNDER THE CHARITIES ACT, 2013

FORM "3"

NAME OF ORGANIZATION: _____

REGISTRATION CERTIFICATE NUMBER: _____

ADDRESS OF ORGANIZATION: _____

CHARITY ORGANIZATION REGISTRATION NUMBER: _____

PREVIOUS REGISTRATION DATE : _____ EXPIRATION DATE OF CERTIFICATE: _____

ORGANIZATION TAXPAYERS REGISTRATION NUMBER: _____

TELEPHONE: ORGANIZATION: _____ APPLICANT: _____

EMAIL ADDRESS: ORGANIZATION: _____ APPLICANT: _____

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|---|----------|----------|
| 1. Have there been any changes to the Organization's Constitution? | Yes..... | No |
| If yes, were these changes registered with the Charities Authority? | Yes..... | No |
| 2. Is there any change(s) on the Organization's governance structure? | Yes..... | No |
| If yes, 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 |
| 6. Is there any change of Directors since previous calendar year | Yes..... | No |

NOTE: 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, 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 Organization's charitable status.

Dated the _____ day of _____, _____

Name: _____

Signed: _____



FOR OFFICIAL USE ONLY	
Checked by: Date:	
The Organization has met all the Regulatory and Statutory requirements.	Approved:.....
	Not approved:.....
COMMENTS (IF ANY):	
Charities Authority: Date:	
DEPT. OF CO-OPERATIVES & FRIENDLY SOCIETIES	