# **JAMAICA**

#  **ANNUAL RETURN UNDER THE CHARITIES ACT, 2013**

# **AS AT 31st DECEMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **YEAR**

## Name of Registered Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date of Registration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Taxpayer Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Address of Registered Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Mailing address if different from Registered Address:

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Fax Number & Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Number of Branches:\_\_\_\_\_\_\_\_\_\_\_\_

## Number of Members: \_\_\_\_\_\_\_\_\_ No. of Males: \_\_\_\_\_\_\_\_ No of Females:\_\_\_\_\_\_\_\_\_

## Type of Entity: □ Limited □ Unlimited □ Other (state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Total Contribution/Donation received for the year ended: **JM$***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## Total Contribution/Donation disbursed for the year ended: **JM$***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## Attach List of major donors and value received from each.

## Amount expended during the period **JM$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##

## State # of Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Attach list of all persons who are in receipt of payment through the Organization (Contractor(s), Consultant(s) and Staff)

## State the type of Statutory Deductions made during the year being reviewed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## For which year was the last statutory deduction paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Particulars of Secretary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  | **Address**  | **Email Address**  | **T R N #** | **All Contact #s and email addresses**  |
|  |  |  |  |  |

## Particulars of Board of Directors

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**  | **Address**  | **TRN #** | **Date of Appoint.**  | **Nationality**  | **All Contact #s and email addresses**  |
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## A copy of the Audited Financial Statement for the year ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ attached hereto. The Audit for the year has been conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whose calling or professions are respectively \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who were appointed Auditors by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Secretary’s name Signature

Seal

of

Charitable Organization

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