

JAMAICA
ANNUAL RETURN UNDER THE CHARITIES ACT, 2013
AS AT 31st DECEMBER: _____
YEAR

1. Name of Registered Entity: _____

2. Registration Number: _____
3. Date of Registration: _____
4. Taxpayer Registration Number: _____
5. Address of Registered Office: _____

6. Mailing address if different from Registered Address:

7. Contact Number: _____
8. Fax Number & Email Address: _____
9. Number of Branches: _____
10. Number of Members: _____ No. of Males: _____ No of Females: _____
11. Type of Entity: Limited Unlimited Other (state) _____
12. Total Contribution/Donation received for the year ended: **JM\$** _____
13. Total Contribution/Donation disbursed for the year ended: **JM\$** _____
14. Attach List of major donors and value received from each.
15. Amount expended during the period **JM\$** _____
16. State # of Volunteers: _____
17. Attach list of all persons who are in receipt of payment through the Organization (Contractor(s), Consultant(s) and Staff)

18. State the type of Statutory Deductions made during the year being reviewed

19. For which year was the last statutory deduction paid: _____

20. Particulars of Secretary

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

21. 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

