

APPENDIX NO.1

Registration Form



**Trust/ Non-Profit Organisation
(NPO) Application for
Registration**

(Tick one)	Type of Application
<input type="checkbox"/>	New Application
<input type="checkbox"/>	Renewal Application
<input type="checkbox"/>	Change Information Application

1. ORGANISATION'S CONTACT DETAILS DATE:

Name (or Proposed Name) of NPO			
Contact Details for the Organisation	Office Telephone	Cell Phone	Email
	Address in Dominica		Website (if any)
Contact Person	Name		Position in the Organisation
	Telephone (if different from above)		

2. ORGANISATION'S OPERATING DETAILS

NPO Mission Statement	NPO Vision Statement

In full detail, please describe the **PURPOSE** (or intended purpose) of the NPO:

In full detail, please describe the **ACTIVITIES** (or intended activities) of the NPO:

Please provide a copy of the organisation's **CONSTITUTION** (or intended constitution).

Is your Organisation incorporated? YES/NO

Does your Organisation have subsidiary Organisation(s)? YES/NO
(Example- Girls' Brigades is a subsidiary organisation of the Methodist Church)

Name these Subsidiary Organisations:

1. _____

9. _____

2. _____

10. _____

3. _____	11. _____
4. _____	12. _____
5. _____	13. _____
6. _____	14. _____
7. _____	15. _____
8. _____	16. _____

NOTE: If your organisation has subsidiary organisations, in addition to completing sections 4-6 for your organisation, please copy and complete sections 4-6 for each subsidiary organisation.

What are the criteria (s) for becoming a member?

Total Members _____

of Adults _____

of Children under 16 _____ Please attach a sample of your parental consent form.

Sample of proof of Membership (*circle and attach at least one*)

- Membership Certificate/Card
- Official Letter given to Members
- Annual Membership Registration List
- Other _____

Names of Executive Body	Date of Election:
President: _____	<i>Note: Any Changes to the Executive Body must be reported within 14 days of the change to avoid penalty fee.</i>
Vice President: _____	
Treasurer: _____	
Secretary: _____	
Other: _____	

How often does the organisation have the following meetings?

Membership Meeting:

Executive Body:

Board of Directors:

1. ORGANISATION'S EXPENDITURE REPORT

Organisations that earn \$250,000 or more are asked to attach a certified copy of their financial statements in addition to completing sections 3-6 of this form.

A. When is the organisation's Financial Year End? _____		
Is there a first time Membership Fee?	YES/NO	Yes, how much?
Is there an Annual Membership Fee?	YES/NO	Yes, how much?
Does your organisation have operational Costs? YES/NO If yes, please complete the fields below.		
Name of Operational Cost <i>(All non-income payments, ex. Rent, gas, electricity etc),</i>	Total Annual Cost Incurred	
1.		
2.		
3.		
4.		
5.		
6.		

Please attach a separate sheet of paper if additional space is required.

**3B. Are any wages, salaries, and/or personal emoluments paid by the organisation?
YES/NO**

If yes, please complete the fields below.

Name	Position	Hourly Wage/Annual Salary/Personal emolument
1.		
2.		
3.		
4.		

What percentage % of funds raised is used towards wages, salaries, and/or personal emoluments? _____

Please attach a separate sheet of paper if additional space is required

2. REPORT ON FUNDS RAISED ANNUALLY

NOTE: If an activity, for example a bake sale is held more than once in the period under review; indicate the total funds collected from all sales instead of listing individually.

Total funds raised in your last calendar year?	Total Amount	Total amount raised from within Dominica	Total amount raised from outside Dominica

Details of Fundraising

Date	Event(s)	Purpose of Event	Amount Raised
1.			
2.			
3.			
4.			

Please attach a separate sheet of paper if additional space is required

3. FUNDS RECEIVED THROUGH DONATIONS

If \$10,000 is donated by one individual at one time or collectively throughout the year, the name of the donor(s) should be listed in this section.

Total funds received through donation in your last calendar year?	Total Amount	Total amount received through donations within Dominica	Total amount received through donations outside of Dominica
Details of Donations			
Date	Reason for donation	Name of Donor	Amount Donated
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
<i>Please attach a separate sheet of paper if additional space is required</i>			

4. REPORT ON FUNDS DISTRIBUTED ANNUALLY

Total funds distributed in your last calendar year?	Total Amount	Total amount distributed within Dominica	Total amount distributed outside of Dominica
Details of Distributions			
Date	Event	Purpose	Amount Distributed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
<i>Please attach a separate sheet of paper if additional space is required</i>			

Annual Earning

NOTE

"Funds" means assets of every kind, whether tangible or intangible, movable or immovable. Example, money, property, vehicles, furniture, artwork, etc.

"Raised", in respect to the funds of an NPO, includes funds given to the NPO but does not include-

- a. income earned on the funds of the NPO, i.e. bank interest etc; or
- b. new or remaining members fees.

"Distributed", in respect of the funds of an NPO, does not include the disbursement of funds paid to the NPO by person to become or remain members of the NPO if those funds only benefits members of the NPO

Summary of Annual Financial Report		
	Total Funds Raised	_____ (section 4)
Plus	+	
	Total Funds by Donation	_____ (section 5)
Equals	TOTAL ANNUAL	_____

	Total Operational Cost	_____	(section 3A)
Plus	+		
	Total Emoluments	_____	(section 3B)
Plus	+		
	Total Funds Distributed	_____	(section 6)
Equals		_____	
	TOTAL ANNUAL EXPENDITURE	_____	
<hr/>			
Minus	TOTAL ANNUAL INCOME	_____	
	TOTAL ANNUAL EXPENDITURE	_____	
Equals		_____	
	TOTAL YEAR END	_____	

Please use this area to provide any additional information you think might help the Board when reviewing your application.

I _____ certify that the information provided in this application is true. I understand that false or incomplete statements are grounds for refusal of registration.

I also understand that knowingly providing false information on this registration form is an offence under section 12(5) of the Non-profit Organisation Act 2012 and if convicted,

I may be liable to a fine \$5,000 dollars or to imprisonment for a term not exceeding one year, or both.

Signature _____

Name in BLOCK Letters _____

Position Held in NPO _____

Date _____

OFFICE USE ONLY



