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| Financial Services Unit |  |

# Non Profit Organization Checklist

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| Applicant INFORMATION |
| Applicant name:  |  |
| Type of Applicant: |  |
| Name and Address of Directors : (3) min |  |
| Type of business: |  |
| Major Donors and Country of Origin |  |
| Registered Office Address:  |  |
| Principal Office: |  |
| Principal Officer: |  |
| Telephone number:  |  |
| Fax number:  |  |
| Purpose of Charity : |  |

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| CHECKLIST |
| [ ]   | Application Form for registration as a NPO |  |
| [ ]  | Certified copy of Certificate of Incorporation  |  |
| [ ]  | Certified copy of Memorandum and Articles of Association |  |
| [ ]  | Prior Year’s Financial Statement of Current Financials to include all donations received and related expenditure  |  |
| [ ]  | A letter of endorsement or recommendation from an affiliated institution or organization that can attest to the information where applicable  |  |
| [ ]  | Resolution from the Board approving the request for inclusion in the list of Charitable organizations  |  |
| [ ]  | Declaration of Source of Funding  |  |
| [ ]  |  Recent Police Record of Directors  |  |
| [ ]  |  A list of Items for which tax exemption will be needed. ( Government registered Charitable Organizations) |  |
| [ ]  |  2 copies Government Issued ID ( Passport & etc)for each Director and Beneficial Owner |  |
| [ ]  | Document stating whether funds are and to which country they are being repatriated.  |  |
| [ ]  | NPO Managerial and Administrative Policy and Measures of Control  |  |
| [ ]  | Organizational Chart  |  |
| [ ]  | Curriculum Vitae and Police Record for each senior official/administrator.  |  |
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Updated –

Completed by:

 Examiner – FSU

Reviewed by:

 Senior Examiner - FSU