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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