

SCHEDULE 1

(Rule 2)

FORM 1

REPUBLIC OF TRINIDAD AND TOBAGO

THE NON-PROFIT ORGANISATIONS ACT, No. 7 of 2019

[Section 5(3)]

APPLICATION FOR REGISTRATION

ORGANISATIONAL DETAILS

1. Name of Non-Profit Organisation .....

2. Physical Address .....

.....

3. Telephone number ..... 4. E-mail address .....

5. The declared purposes and activities of the Name of Non-Profit Organisation

.....

.....

CONTROLLER(S) DETAILS

6. The controller(s) of the Non-Profit Organisation is/are:

Full Name ..... Address .....

.....

Occupation ..... Nationality .....

Telephone Nos. .... E-mail Address .....

Signature .....

Full Name ..... Address .....

.....

Occupation ..... Nationality .....

Telephone Nos. .... E-mail Address .....

Signature .....

Full Name ..... Address .....

.....

Occupation ..... Nationality .....

Telephone Nos. .... E-mail Address .....

Signature .....

7. Documents attached are:

- (a) copies of constituent documents of the name of Non-Profit Organisation.
- (b) copy of photo identification of the controller making the application.
- (c) completed AML/CFT/PF risk assessment questionnaire.

DECLARATION OF CONTROLLER MAKING THE APPLICATION

I, the undersigned, declare that I am duly authorized by this name of Non-Profit Organisation to complete and submit this application, that the information contained in this form is to the best of my knowledge true and correct and I do state as true and correct that none of the signatories to this application is an individual described in section 19 of the Non-Profit Organisations Act, 2019.

Date ..... Name and Title .....

Signature .....

THE NON-PROFIT ORGANISATIONS ACT, No. 7 of 2019

APPLICATION FOR REGISTRATION

FORM 1

INSTRUCTIONS

With respect to the Non-Profit Organisation—

Item 1

Set out the full name of the Non-Profit Organisation.

Item 2

State the full address of where the Non-Profit Organisation is situated.

State the full mailing address of the Non-Profit Organisation.

Item 3

State the telephone number where the Non-Profit Organisation may be contacted.

Item 4

State the full e-mail address of the Non-Profit Organisation.

Item 5

Set out the objective(s) and activity(ies) the Non-Profit Organisation carries on or proposes to carry on.

With respect to each controller—

Item 6

- (a) State the first given name, middle name and family name of the controller;
- (b) State the full street address, including the building number and, if a multi-dwelling unit, unit number of the controller;
- (c) Specify the controller's occupation clearly. Where possible, specify area of speciality, e.g., electrical engineer;
- (d) State the nationality of the controller;
- (e) State the telephone number of the controller;
- (f) State the e-mail address of the controller; and
- (g) The controller shall sign the form.

The statement must be accompanied by a copy of each of the constituent documents of the Non-Profit Organisation with up-to-date amendments, a copy of a valid photo identification of the controller making the application and a completed AML/CFT/PF risk assessment questionnaire.

Signature

The controller making the application shall sign the statement.