



The CSOs For Good Governance: Enhancing Civil Society's Contribution to Governance and Development Processes in Trinidad and Tobago project is being supported by the European Union. The contents of this document are the sole responsibility of the project implementers and can under no circumstance be regarded as reflecting the position of the European Union.

The following guidance is provided based on our experience and learnings from the NPO Pilot Online Registration Project

SCHEDULE 1
FORM 1
REPUBLIC OF TRINIDAD AND TOBAGO
THE NON-PROFIT ORGANISATIONS ACT, No. 7 of 2019
APPLICATION FOR REGISTRATION

(Rule 2)
(Section 5(3))

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/PPF 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

1. Name of Non-Profit Organisation

The name here must be the **exact name** on the NPOs Registration Documents (Certificate of Incorporation for those registered under the Companies Act 1995).

Note, for example, if the NPO's name start with the word "The" please include this in the name for Question 1.

2. Physical Address

This must include a **building number** or **light pole number**, **street name** etc.

Note, for example, using an address such as Warehouse 55, Industrial Estate, Diego Martin is not sufficient.

3. Telephone Number

This is the telephone number at the NPOs location.

4. Email Address

Email address to contact the NPO.

5. Declared Purpose

This needs to be specific and again in line with your registration documents, articles, constitution, bye-laws etc.

Note, for example, simply stating "capacity building and training" is not sufficient.

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

Complete all details for each controller, or one, if there is only one controller;

Name of the controller

Address of the controller, not of the NPO

Occupation of the controller, specific current occupation, if retired state "retired" and former position

Note, for example "retired principal" "retired project manager"

Nationality for local persons, please state "Citizen of Trinidad and Tobago" and for foreign nationals please state nationality, not name of country

Note, for example "Barbadian" not "Barbados"

All controllers listed must sign the form;

All controllers listed must provide a photo I.D.

Note National ID or Passport ONLY. Driver's Permit is not acceptable

7. Documents attached

Tick and attach all documents listed.

Declaration

Write Date

Write Name

Write Title here as "CONTROLLER" **not your title at the NPO.**

Sign document

Initial any changes made throughout the document

8. Use the same coloured ink pen throughout the document.

Note, for example do not complete the form with a black ink pen and sign with a blue ink pen