

Requirements for Registration under the Charities Act, 2013

Name of the Registered Entity or Individual				
Date of Application: ____/____/____ (dd/mm/year)		Registration Number No:		
Name of Person making application				
Names:	TRN	Addresses	Telephone #	Email address:
State type of entity : Limited <input type="checkbox"/> Unlimited <input type="checkbox"/> Other		Under which Act is the entity Registered: (not applicable to individuals operating unregistered entities)		
State main objectives of the Entity:				
1.				
2.				
3.				
State names of Founding Member/Shareholders /Trustees				
1.				
2.				
3.				
4.				
<i>(attached list of names if the entity is not a company)</i>				

Requirements for Registration under the Charities Act, 2013

Minimum /Maximum numbers of Directors :				
Particulars of Directors/Trustee at the time of Registration:				
Names:	TRN	Residential Addresses: Email	Occupations/ Nationality	Contact # :
All Directors/Trustee to complete attached fit and proper statement :				
Name of first Secretary				
State reasons for seeking Charitable status:				
State sections of Rules/Articles of Association/Constitution that speaks to how the assets and liabilities of the Society will be treated with upon dissolution (winding up):				
State sections of Rules/Articles of Association/Constitution that speaks to how the Accounts are kept and manner of inspection.				
State source of funds:				
State year of previously Audited Financial Statement. (attach copy)				
I HEREBY DECLARE THAT THE INFORMATION SUBMITTED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
Signature of Applicant:.....				

Requirements for Registration under the Charities Act, 2013

FOR OFFICIAL USE ONLY

Date Application was received by the Charities Authority ___/___/___
(dd/mm/year)

Checked by: Mrs., Mr., Ms _____

Forms completed : Yes No

Attachments submitted : Yes No

- Articles of Association/Rules/Constitution
- Audited Financial Statement
- Fit and Proper Statement
- Registration Certificate

Date application forwarded to Commissioner General ___/___/___ (dd/mm/year)

Date response received from Commissioner General ___/___/___ (dd/mm/year)

Approval given: Yes No

If No, reason:

.....
.....

Date Companies Office of Jamaica advised: ___/___/___ (dd/mm/year)

Registration Certificate No: _____

Date Certificate of Approval was issued ___/___/___ (dd/mm/year)