

FORM 3

REPUBLIC OF TRINIDAD AND TOBAGO

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

(Section 7(2))

APPLICATION FOR RENEWAL OF REGISTRATION

ORGANISATIONAL DETAILS

- 1. Name of Non-Profit Organisation
- 2. Registration No.
- 3. Physical Address
- 4. Mailing Address.....
- 5. Telephone number 6. E-mail address,.....
- 7. The declared purposes and activities of the Non-Profit Organisation

CONTROLLER(S) DETAILS

8. 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

9. Has there been any change in the constituent documents of the Non-Profit Organisation?

- Yes
- No

10. If yes, have they been filed?

- Yes
- No

DECLARATION OF CONTROLLER MAKING THE APPLICATION

I, the undersigned, declare that I am duly authorized by this 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 who is so 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.

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INSTRUCTIONS

With respect to the Non-Profit Organisation—

Item 1

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

Item 2

State the registration number of the Non-Profit Organisation.

Item 3

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

Item 4

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

Item 5

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

Item 6

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

Item 7

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 8

- (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.

Items 9 and 10

Indicate whether there has been any change in the constituent documents of the Non-Profit Organisation during the previous period of registration.

Signature

The controller making the application shall sign the statement.