

**“REPUBLIC OF TRINIDAD AND TOBAGO**

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

(Rule 2)

**FORM 1**

[Section 5(3)]

**APPLICATION FOR REGISTRATION**

**Organisational Details**

- 1. Name of Non-Profit Organisation (NPO) \_\_\_\_\_
- 2. Status of the NPO \_\_\_\_\_
- 3. Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_
- 4. Principal Address \_\_\_\_\_
- 5. Mailing Address \_\_\_\_\_
- 6. Does the NPO operate at more than one office/location in Trinidad and Tobago?  
YES/ NO  
If yes, provide the name and address of each branch/location -

Branch/Location Name	Address

- 7. The declared purposes and activities of the NPO –  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8. Does the NPO have a parent body or is the NPO affiliated with any other NPO (local or international)?  
\_\_\_\_\_

If yes, state the name(s) and address(es) of those NPOS -

Full Name	Address

**Controller(s) Details**

9. The controller(s) of the NPO is/are –

Full Name	Address
Occupation	Nationality
Telephone No.	Email Address
Basis on which he is a controller -	

Full Name	Address
Occupation	Nationality
Telephone No.	Email Address
Basis on which he is a controller -	

**Member(s) Details**

10. The Member(s) of the NPO is/are—

Full Name	Address
Occupation/Status	Nationality/ Jurisdiction of Incorporation/ Formation
Telephone No.	Email Address

**Founder(s) Details**

11. The Founder(s) of the NPO is/are –

Full Name	Address
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Occupation/Status	Nationality/ Jurisdiction of Incorporation/ Formation
Telephone No.	Email Address

**Beneficiary(ies) Details**

12. The Beneficiary(ies)/ Class of Beneficiary(ies) of the NPO is/are -

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13. Documents attached are -

- (a) Copies of constituent documents of the Non-Profit Organisation;
- (b) Copy of photo identification of the controller(s); and
- (c) Completed AML/CFT/PF risk assessment questionnaire.

**DECLARATION OF CONTROLLER MAKING THE APPLICATION**

I, the undersigned, declare that I am duly authorised 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 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

**FORM 1**

**APPLICATION FOR REGISTRATION**

Instructions

With respect to the non-profit organisation –

*Item 1*

Set out the full name of the non-profit organisation.

*Item 2*

State whether the non-profit organisation is incorporated or unincorporated.

*Item 3*

State the telephone number and email address at which the non-profit organisation may be contacted.

*Item 4*

State the full principal address of the non-profit organisation.

*Item 5*

State the full mailing address of the non-profit organisation.

*Item 6*

Indicate whether the non-profit organisation operates multiple offices /locations in Trinidad and Tobago. Provide the particulars of each branch/location.

*Item 7*

Set out the objective(s) and activity(ies) of the non-profit organisation carries on or proposes to carry on.

*Item 8*

State whether the non-profit organisation is a subsidiary of any local or international parent body or has any affiliations with other local or international non-profit organisations. Provide particulars of the parent body or other non-profit organisation.

*Item 9*

With respect to each controller of the non-profit organisation –

- (a) state the first given name, middle name and surname 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 the area of speciality e.g. electrical engineer;
- (d) state the nationality of the controller;
- (e) state the telephone number(s) of the controller;
- (f) state the e-mail address of the controller; and
- (g) state the basis upon which the person should be considered a controller.

Item 10

With respect to each member of the non-profit organisation, state –

- (a) the full name of each member, whether a natural person or a corporation;
- (b) the address (if a natural person) or registered office (if a corporation) including the building number and, if a multi-unit building, unit number;
- (c) the occupation/calling (if a natural person) or status e.g., “corporation/limited or unlimited liability company” (if a corporation); and
- (d) the nationality (if a natural person) or jurisdiction of incorporation/formation (if a corporation) e.g. “incorporated under the laws of Trinidad and Tobago” (or elsewhere).

Item 11

With respect to each founder of the non-profit organisation, state –

- (a) the full name of each founder, whether a natural person or a corporation;
- (b) the address (if a natural person) or registered office (if a corporation) including the building number and, if a multi-unit building, unit number;
- (c) the occupation/calling (if a natural person) or status e.g., “corporation/limited or unlimited liability company” (if a corporation); and
- (d) the nationality (if a natural person) or jurisdiction of incorporation/formation (if a corporation) e.g. “incorporated under the laws of Trinidad and Tobago” (or elsewhere).

Item 12

State the full name, address, occupation and nationality of each beneficiary or class of beneficiary(ies) of the non-profit organisation.

Item 13

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.”.

following new Form 4: (i) deleting Form 4 and substituting the