

**REPUBLIC OF TRINIDAD AND TOBAGO**

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

*(Section 21C)*

**FORM 6**

**ANNUAL RETURN BY A NON-PROFIT ORGANISATION**

1. Name of Non-Profit Organisation

\_\_\_\_\_

2. Non-Profit Organisation Number

\_\_\_\_\_

3. Address of Non-Profit Organisation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Anniversary Date of  
Registration \_\_\_\_\_

5. The controller(s) of the Non-Profit Organisation at the date of this return is/are –

Full Name	_____	Address	_____
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Occupation	_____	Nationality	_____
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Telephone No.	_____	Email Address	_____
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Basis on which he is a controller -	_____	_____
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Full Name	_____	Address	_____
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Occupation	_____	Nationality	_____
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Telephone No.	_____	Email Address	_____
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Basis on which he is a controller -	_____	_____
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6. The Members(s) of the Non-Profit Organisation at the date of this return is/are –

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

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

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7. The Founder(s) of the Non-Profit Organisation at the date of this return is/are –

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

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

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\_\_\_\_\_

\_\_\_\_\_

8. The Beneficiary(ies)/ Class of Beneficiary(ies) of the Non-Profit Organisation at the date of this return is/are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DECLARATION OF CONTROLLER MAKING THE APPLICATION

I, the undersigned, declare that the information contained in this form is to the best of my knowledge, information and belief, true and correct.

Date	Full Name and Title	Signature

THE NON-PROFIT ORGANISATIONS ACT, NO. 7 OF 2019

**FORM 6**

**ANNUAL RETURN**

**Instructions**

*Items 1, 2*

Set out the full legal name of the non-profit organisation, and except where a number has not been assigned, state the non-profit organisation number.

*Item 3*

State the full address of the registered office of the non-profit organisation.

*Item 4*

State the anniversary date of registration of the non-profit organisation.

*Item 5*

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

- (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 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 email address of the controller; and
- (g) state the basis upon which the person is considered a controller.

*Item 6*

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

- (a) full name of each member, whether a natural person or a corporation;
- (b) address (if a natural person) or registered office (if a corporation) including the building number and, if a multi-unit building, unit number;
- (c) occupation/calling (if a natural person) or status e.g., "corporation/limited or unlimited liability company" (if a corporation); and
- (d) 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 7*

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

- (a) full name of each founder, whether a natural person or a corporation;
- (b) address (if a natural person) or registered office (if a corporation) including the building number and, if a multi-unit building, unit number;
- (c) occupation/calling (if a natural person) or status e.g., "corporation/limited or unlimited liability company" (if a corporation); and
- (d) 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 8*

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

*Signature -*

The controller shall sign the notice indicating the capacity in which he is signing.

