Belize Companies & Corporate Affairs Registry

Aura Building
4.5 Mile Phillip Goldson Hwy,
Belize City, Beize, C.A.

Telephone - (501) 224-4701
Whatsapp - (501) 615-8761
E-mail - inquiries@bccar.bz
Website - www.bccar.com

6130 Iguana Avenue,
Mountain View Avenue,
Belmopan City, Belize, C.A.

NON-PROFIT ORGANISATION REGISTRATION FORM

[Section 6(1)]

1. ORGANISATION CONTACT DETAILS

Name of Organisation

Contact Details of Organisation	Office Telephone(s)	Mobile Phone	Email Address

Physical Address	P.O. Box (If any)	Website (if any)

Non-Profit Organisation Financial Year End (day – month)	

2. CONTROLLER(S) CONTACT INFORMATION

NOTE: Please submit information regarding all additional controllers as an attachment as per Appendix 1 below.

Controller Information	Name *Has the individual had a name change in the last ten years? If yes please include current and previous names.*	Physical Address		P.O. Box (If any)
	Office Telephone	Mobile Phone	Position in Organisation	Signature
	Email Address			

3. ORGANISATION OPERATING DETAILS

In full detail, please describe the PURPOSE of the Organisation:

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In full detail, explain the ACTIVITIES of the Organisation:

Names, address, telephone numbers and email addresses of senior officers and members of the management personnel. Senior officer includes President, Vice President, Secretary, Treasurer, Managing Partner, Managing Trustee and the like.

Senior Officer Information	**Name** *Has the individual had a name change in the last ten years? If yes please include current and previous names.*	**Physical Address**		**P.O. Box (If any)**
	Office Telephone	**Mobile Phone**	**Position in Organisation**	**Signature**
	Email Address			

Senior Officer Information	**Name** *Has the individual had a name change in the last ten years? If yes please include current and previous names.*	**Physical Address**		**P.O. Box (If any)**
	Office Telephone	**Mobile Phone**	**Position in Organisation**	**Signature**
	Email Address			

Senior Officer Information	**Name** *Has the individual had a name change in the last ten years? If yes please include current and previous names.*	**Physical Address**		**P.O. Box (If any)**
	Office Telephone	**Mobile Phone**	**Position in Organisation**	**Signature**
	Email Address			

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Senior Officer Information	**Name** *Has the individual had a name change in the last ten years? If yes please include current and previous names.*	**Physical Address**		**P.O. Box (If any)**
	Office Telephone	**Mobile Phone**	**Position in Organisation**	**Signature**
	Email Address			

NOTE: Please submit information regarding additional senior officers and members of the management personnel as an attachment as per Appendix 2 below.

4. SOURCE OF CONTRIBUTIONS FOR ORGANISATION FOR THE PRECEDING YEAR AND ANTICIPATED SOURCE OF CONTRIBUTIONS FOR THE UPCOMING YEAR

Details of Contributions Received				
Activity Type	**Amount**			
	Preceding Year - Actual	**Geographical Areas**	**Upcoming Year - Projected**	**Geographical Areas**
Donations				
Fund Raising Activities/ Events				
Grants				
Other (Specify)				

NOTE: (1) For each activity type, identify the top 5 geographical areas by country and city/town/village etc. (2) For new organisations, the sums for the preceding year will be Nil.

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5. APPLICATION OF FUNDS OF ORGANISATION FOR PRECEDING YEAR AND ANTICIPATED APPLICATION OF FUNDS FOR THE UPCOMING YEAR

Details of Application of Funds						
Activity Type	Amounts Expended					
	Preceding Year - Actual			Upcoming Year - Projected		
	Mode of disbursement	Amount Expended	Geographical Areas	Mode of disbursement	Amount Expended	Geographical Areas
Funds Donated/ Disbursed in accordance with NPO's Purpose	Financial Institution		1. 2. 3. 4. 5.			1. 2. 3. 4. 5.
	MVTS		1. 2. 3. 4. 5.			1. 2. 3. 4. 5.
	Other Regulated Channels (Specify)		1. 2. 3. 4. 5.			1. 2. 3. 4. 5.
	Cash		1. 2. 3. 4. 5.			1. 2. 3. 4. 5.
	Other (Specify)		1. 2. 3. 4. 5.			1. 2. 3. 4. 5.

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Contributions/ Donations to other causes	**Financial Institution**		**1.** **2.** **3.** **4.** **5.**			**1.** **2.** **3.** **4.** **5.**
	MVTS		**1.** **2.** **3.** **4.** **5.**			**1.** **2.** **3.** **4.** **5.**
	Other Regulated Channels (Specify)		**1.** **2.** **3.** **4.** **5.**			**1.** **2.** **3.** **4.** **5.**
	Cash		**1.** **2.** **3.** **4.** **5.**			**1.** **2.** **3.** **4.** **5.**
	Other (Specify)		**1.** **2.** **3.** **4.** **5.**			**1.** **2.** **3.** **4.** **5.**
Salaries	**Specify**		**1.** **2.** **3.** **4.** **5.**			**1.** **2.** **3.** **4.** **5.**

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Rent	**(Specify)**		**1.** **2.** **3.** **4.** **5.**			**1.** **2.** **3.** **4.** **5.**
Other expenses (e.g. insurance, utilities, pension, etc)	**(Specify)**		**1.** **2.** **3.** **4.** **5.**			**1.** **2.** **3.** **4.** **5.**

NOTE: (1) For each activity type, identify the top 5 geographical areas by country and city/town/village etc. (2) For new organisations, the sums for the preceding year will be Nil. (3) Specify the mode(s) of disbursement used including through a financial institution, Money or Value Transfer Service, any other regulated channel (specify), cash or other (specify).

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6. BANKING ARRANGEMENTS

Name of Bank or other Financial Institution

Address of Bank or other Financial Institution

NOTE: Please submit information regarding additional banking arrangements as an attachment as per Appendix 3 below.

7. OTHER ARRANGEMENTS REGARDING FUNDS AND OTHER PROPERTY

Type of Property or Funds	Arrangements Regarding Property or Funds (Where the funds or other property representing 10% or more of the funds or other property of the NPO is held by an individual or entity on behalf of the Non-Profit Organisation, include details of the name, address and telephone numbers of such individual or entity)

NOTE: Please submit information in respect of additional other arrangements regarding funds and property as an attachment as per Appendix 4 below.

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8. OTHER SUPPORTING DOCUMENTS

Document Type	Attached	Not Applicable
Constitution		
Memorandum of Association		
Articles of Association		
Trust Deed		
Other Particulars of Trust		
Other Organisational Documents		
Other Evidence of Organisational Structure and Functions		
Document Description		

NOTE: For document type submitted together with this form, tick attached.

I hereby declare that the above made statements are true and correct to the best of my knowledge and belief.

_____ _____

Name of Controller Completing Form **Date**

_____

Signature

Note: In accordance with the Non-Profit Organisations Act, Cap. , section 6(2), this application shall be accompanied by a copy of valid photo identification (Social Security & Passport only) of the controller making the application.