Legal Notice No. 139

## REPUBLIC OF TRINIDAD AND TOBAGO

The Non-Profit Organisations Act, No. 7 of 2019

## RULES

Made by the Registrar General under section 26(1) of the Non-Profit Organisations Act, with the approval of the minister of Legal Affairs

# THE NON-PROFIT ORGANISATIONS (PRESCRIBED FORMS AND FEES) RULES, 2019

- 1. These Rules may be cited as the Non-Profit Organisations Citation (Prescribed Forms and Fees) Rules, 2019.
- 2. The Forms contained in the Schedule 1 to these Rules are the Forms for forms required to be prescribed by Rules by the Registrar General  $\frac{5, 6, 7}{7(2) \text{ and } 15(1)}$  under sections 5, 6, 7(2) and 15(1) of the Act.
  - 3. (1) The forms prescribed by this rule shall be submitted—

Requirements for forms

- (a) on good quality white paper approximately 8.5 inches by 11 inches in size;
- (b) in printed or typewritten; and
- (c) in a legible manner and suitable for microfilming and photocopying.
- (2) Where an item of information required to be disclosed in a form does not apply, it shall be so indicated by the phrase "not applicable" or by the abbreviation "N/A".
- (3) Where information is set out in response to one item in a document, it may be referred to in response to any other item in that document by a cross reference.

## (4) Where—

- (a) any provision required to be set out in a form furnished by the Registrar is too long to be set out in the space provided in the form; or
- (b) an agreement or other document is to be incorporated by reference in and is to be part of the form, the person completing the form may, subject to subrule (3), incorporate the provision, agreement or other document in the form by setting out in the space provided in the form the following sentence:

"The annexed Schedule is incorporated in this Form.", and by annexing the provision, agreement or other document to the form as that Schedule.

Fees

(5) A separate Schedule is required in respect of each item that is incorporated in a form by reference, pursuant to subrule (1).

4. The fees payable under the Act are set out in Schedule 2.

|   |                  |  | SCHEDULI<br>FORM 1 |                     |                   | (Rule           |
|---|------------------|--|--------------------|---------------------|-------------------|-----------------|
|   |                  |  |                    |                     |                   |                 |
| REPUBLIC O                              | F TRINIDA        | D AND TOBA                               | lGO                |                     |                   |                 |
|   | THE NO           | N-PROFIT OF                              | RGANISATIO         | ONS ACT, No         | o. 7 of 2019      | (Section 5(3    |
|   | 23               | APPLICATIO                               | ON FOR RE          | GISTRATIO           | N                 |                 |
| ORGANISATIO  Name of non-               |                  |  |                    |                     |                   |                 |
| . Physical Add                          | ress             |  |                    |                     |                   |                 |
|   |                  |  |                    |                     |                   |                 |
| . Telephone nu                          | mber             |  | 4. E-mail addre    | ess                 |                   |                 |
| . The declared                          | purposes and a   | ctivities of the no                      | on-profit organis  | sation              |                   |                 |
| *************************************** |                  |  |                    |                     |                   |                 |
|   |                  |  |                    |                     |                   |                 |
| CONTROLLER                              | (C) DETAIL C     | ***************************************  |                    |                     | ••••••            |                 |
|   |                  | profit organisation                      | on is/are:         |                     |                   |                 |
| Full Name                               | Address          | Occupation                               | Nationality        | Telephone<br>Number | E-mail<br>Address | Signature       |
|   |                  |  |                    |                     |                   |                 |
|   |                  |  |                    |                     |                   |                 |
|   |                  |  |                    |                     |                   |                 |
|   |                  |  |                    |                     |                   |                 |
|   | es of constituer | nt documents of th                       |                    |                     |                   |                 |
|   |                  | ification of the co<br>T/PF risk assessi |                    |                     |                   |                 |
|   | DECLAR           | ATION OF CON                             | TROLLER MA         | KING THE API        | PLICATION         |                 |
|   |                  | that I am duly                           |                    |                     |                   |                 |
| nowledge true                           | and correct      | n, that the inf<br>t and I do state      | e as true and      | correct that n      | one of the si     | gnatories to th |
| pplication is a                         | n individual     | described in s                           | ection 19 of t     | he Non-Profit       | Organisation      | ns Act, 2019.   |

Name and Title

Signature

Date

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

## APPLICATION FOR REGISTRATION

## FORM 1

## INSTRUCTIONS

With respect to the non-profit organisation-

Item 1

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

Item 2

State the full address of where the non-profit organisation is situated.

Item 3

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

Item 4

State the telephone number where the non-profit organisation may be contacted.

Item 5

State the full e-mail address of the non-profit organisation.

Item 6

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 7

- (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 multidwelling 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.

## Item 8

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.

| FORM 2  |  |
|---|--|
| REPUBLIC OF TRINIDAD AND TOBAGO   |  |
| THE NON-PROFIT ORGANISATIONS ACT, No 7  | of 2019 (Section 6)                    |
| CERTIFICATE OF REGISTRATION OF NON-PROFIT ORGANISATION  |  |
|   | Registration No.                       |
| (Name of Non-Profit Organisation)   | ······································ |
| I HEREBY CERTIFY that the above-mentioned Organisation was rorganization under-   | registered as a non-profit             |
| ☐ section 6 of the Non-Profit Organisations Act, No. 7 of 2019; ☐ section 8 of the Non-Profit Organisations Act, No. 7 of 2019. |  |
|   | Registrar General                      |
|   | Date of Registration                   |

## FORM 3

## REPUBLIC OF TRINIDAD AND TOBAGO

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

Section 7(2))

|                       |  |  |   |  |  | (Section 7(2))              |
|-----------------------|--|--|---|--|--|-----------------------------|
|                       | APPLIC   | ATION FOR I                                      | RENEWAL O   | F REGISTR  | ATION  |                             |
| ORGANISA              | ATIONAL DETAIL   | S  |   |  |  |                             |
| 1. Name               | of non-profit orga   | nisation   |   |  |  |                             |
| 2. Regist             | ration No  |  |   |  |  |                             |
| 3. Physic             | al Address   |  |   |  |  |                             |
| 4. Mailin             | g Address  |  |   |  |  |                             |
| 5. Teleph             | none number  |  | 6. E-mail   | address  |  |                             |
| 7. The dec            | lared purposes an  | d activities of t                                | he non-profit o                                   | organisation   |  |                             |
| ******                |  |  |   |  |  |                             |
| CONTRO                | DLLER(S) DETA  | II.S   |   |  |  |                             |
|                       | ontroller(s) of the  |  | anisation is/are                                  | :  |  |                             |
| Full Name             | Address  | Occupation                                       | Nationality                                       | Telephone<br>Number                                    | E-mail<br>Address                              | Signature                   |
|                       |  |  |   |  |  |                             |
|                       |  |  |   |  |  |                             |
|                       |  |  |   |  |  |                             |
| ПΥ                    | have they been fi  | led?   | ituent docume                                     | nts of the non-  | profit organisa                                | ation?                      |
| and subm<br>knowledge | DECLARATIO<br>ersigned, declare<br>it this application<br>e true and correct<br>n is an individual | that I am duly and that I am duly and I do state | authorized by<br>ormation conta<br>as true and co | this non-profit<br>ined in this for<br>crect that none | organisation<br>orm is to the<br>of the signat | best of my<br>ories to this |
|                       | Date   | N  | Name and Titl                                     | e  | Signa  | ture                        |
|                       |  |  |   |  |  |                             |

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

## APPLICATION FOR RENEWAL OF REGISTRATION

## FORM 3

## 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 multidwelling 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.

## FORM 4

## REPUBLIC OF TRINIDAD AND TOBAGO

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

(Section 15(1))

Date of Change:

## NOTICE OF CHANGE IN THE PARTICULARS REGISTERED BY A NON-PROFIT ORGANISATION

| REGISTERED BY A NON-PROP  | TT ORGANISATION                         |
|---|---|
| 1. Name of non-profit organisation                              |   |
| NEW ORGANISATIONAL DETAILS                                      |   |
| 2. Notice is given that the following changes too organisation: | ok place with respect to the non-profit |
| Name of Non-Profit Organisation:                                | Date of Change:                         |
| Physical Address:   | Date of Change:                         |
| Mailing Address:  | Date of Change:                         |
| Telephone Number:   | Date of Change:                         |

Declared Purposes and Activities:

Date of Change:

E-mail Address:

## NEW CONTROLLER DETAILS

3. Notice is given that the following changes took place with respect to the controller(s) of the non-profit organisation:

| Given Name(s) &<br>Surname/Particulars of<br>change of name | Address and Date of Change | Occupation and Date of Change | Nationality and<br>Date of Change |
|---|----------------------------|-------------------------------|-----------------------------------|
|   |                            |                               |                                   |

| Full Name              | Address           | Occupation   | Nationality   | Telephone<br>Number                          | E-mail<br>Address |
|------------------------|-------------------|--|---|--|-------------------|
|                        |                   | e day of   |   | 20, the                                      | following person( |
| Full Name              | Address           | Occupation   | Nationality   | Telephone<br>Number                          | E-mail<br>Address |
| 6. The control         | ller(s) of the no | n-profit organisa Occupation   | nation is/are:                                      | Telephone<br>Number                          | E-mail<br>Address |
|                        |                   |  |   |  |                   |
| 8. Documents ☐ (a) cop | attached are: (a  | constitution constituti | uting the non-p<br>the appropriate<br>s amended, of | f profit organisation box) the non-profit or | n was amended.    |
| Dat                    | te                | Nam  | ne and Title  |  | Signature         |
|                        |                   |  |   |  |                   |

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

## NOTICE OF CHANGE IN THE PARTICULARS REGISTERED BY A NON-PROFIT ORGANISATION

## FORM 4

## INSTRUCTIONS

With respect to the non-profit organisation-

#### Item 1

Set out the full name of the non-profit organisation and the registration number as indicated in its Certification of Registration.

## Item 2

- (a) The name of the non-profit organisation needs to be stated only if there is a change in the name:
  - State the full name of the non-profit organisation and the date on which the change became effective;
- (b) The physical address needs to be stated only if there is a change in the location or address:
  - State the full address of where the non-profit organisation is situated and the date on which the change became effective;
- (c) The mailing address needs to be stated only if there is a change in the address: State the full mailing address and the date on which the change became effective;
- (d) The telephone number needs to be stated only if there is a change in the number: State the telephone number and the date on which the change became effective;
- (e) The e-mail address needs to be stated only if there is a change: State the e-mail address and the date on which the change became effective; and
- (f) The declared purposes and activities needs to be stated only if there is a change: Set out the objective(s) and activity(ies) the non-profit-organisation carries on.

## With respect to each controller-

## Item 3

- (a) State the first given name, middle name and family name of the controller(s) to whom the change(s) apply(ies) to and set out the particulars of any change of name, including the new name, date of change and by virtue of what authority the change of name was effected;
- (b) The address needs to be stated only if there is a change in the location or address:
  - State the full street address, including the building number and, if a multidwelling unit, unit number; and
  - (ii) State the effective date of the change;

- (c) The occupation needs to be stated only if there is a change:
  - Specify the occupation clearly. Where possible, specify area of speciality, e.g. electrical engineer; and
  - (ii) State the effective date of the change;
- (d) The nationality needs to be stated only if there is a change:
  - (i) State the nationality; and
  - (ii) State the effective date of the change.

## Items 4, 5 and 6

- (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; and
- (f) State the e-mail address of the controller.

#### Item 7

Indicate the effective date of any change in the constituent documents of the non-profit organisation and specify the document which has been amended.

## Item 8

Indicate whether the notice is accompanied by a copy of the constituent document(s) of the non-profit organisation with up-to-date amendments and/or a copy of a valid photo identification of the controller(s) whose particulars have been changed.

#### Signature

The controller or authorized officer of the non-profit organisation or, in the case of a non-profit company a director or authorized officer of the company, shall sign the notice indicating the capacity in which he is signing.

## **SCHEDULE 2**

(Rule 4)

## TABLE OF FEES

# 1. FILING OF APPLICATION FOR REGISTRATION FOR A NON-PROFIT ORGANISATION

| Name Search  | \$10.00 |
|--|---------|
| List of Designated Individuals or Entities Search      | \$10.00 |
| Filing of Application                                  | \$40.00 |
| Certificate of Registration of Non-Profit Organisation | \$40.00 |

|    | OF REGISTRATION FOR A NON-PROFIT ORGANISATION          |         |
|----|--|---------|
|    | List of Designated Individuals or Entities Search      | \$10.00 |
|    | Filing of Application                                  | \$40.00 |
|    | Certificate of Registration of Non-Profit Organisation | \$40.00 |
| 3. | FILING OF NOTICE OF CHANGE OF PARTICULARS              | \$40.00 |
| 1. | ANY OTHER DOCUMENT REQUIRED TO BE FILED                | \$40.00 |
| 5. | ANY OTHER CERTIFICATE REQUIRED TO BE ISSUED            | \$40.00 |
| ó. | EXAMINATION OF THE REGISTER KEPT                       | \$20.00 |
|    | BY THE REGISTRAR GENERAL IN RESPECT OF EACH            |         |
|    | NON-PROFIT ORGANISATION                                |         |
| 7. | COPY OF OR EXTRACT FROM THE REGISTER KEPT              | \$20.00 |
|    | BY THE REGISTRAR GENERAL IN RESPECT OF EACH            |         |
|    | NON-PROFIT ORGANISATION                                |         |

Approved by the Minister of Legal Affairs this 7th day of August, 2019.

F. AL-RAWI Minister of Legal Affairs

Made this 7th day of August, 2019.

K. BRIDGEWATER Registrar General