

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

Fees

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

**SCHEDULE 1**

(Rule 2)

**FORM 1**

REPUBLIC OF TRINIDAD AND TOBAGO

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

(Section 5(3))

**APPLICATION FOR REGISTRATION**

**ORGANISATIONAL DETAILS**

- 1. Name of non-profit organisation .....
- 2. Physical Address .....
- .....
- 3. Telephone number ..... 4. E-mail address .....
- 5. The declared purposes and activities of the non-profit organisation .....
- .....

**CONTROLLER(S) DETAILS**

6. The controller(s) of the non-profit organisation is/are:

Full Name	Address	Occupation	Nationality	Telephone Number	E-mail Address	Signature

- 7. Documents attached are:
  - (a) copies of constituent documents of the non-profit organisation
  - (b) copy of photo identification of the controller making the application
  - (c) completed AML/CFT/PP risk assessment questionnaire

**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 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

APPLICATION FOR REGISTRATION

FORM I

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 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.

*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.