

FORM 3

REPUBLIC OF TRINIDAD AND TOBAGO

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

(Section 7(2))

APPLICATION FOR RENEWAL OF REGISTRATION

ORGANISATIONAL DETAILS

1. Name of non-profit organisation
2. Registration No.
3. Physical Address
4. Mailing Address.....
5. Telephone number 6. E-mail address
7. The declared purposes and activities of the non-profit organisation

CONTROLLER(S) DETAILS

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

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

9. Has there been any change in the constituent documents of the non-profit organisation?
 Yes No

10. If yes, have they been filed?
 Yes No

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 who is so 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 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 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.

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.