"FIRST SCHEDULE

(Section 8 (2) & (5))

REGISTRATION FORM FOR NON-PROFIT ORGANISATIONS

Please note: Unincorporated non-profit organisations must attach to its completed form a copy of its Constitution or intended Constitution. It is IMPORTANT that you ACCURATELY complete and confirm all information provided before submitting this Form. The Registrar of Non-Profit Companies accepts no responsibility for the information provided in this Form.

Tick the appropriate	box:				
New applicati	ion 🗆	□ Umbrella Organisation □			
Renewal of re	gistration \square				
Change of inf	ormation \square				
Projected or a	nnual turnover	of \$75,00	00 or more: Yes	□ No □	
Note: In the case of a	n application to	change o	of information, ONLY t	he relevant	sections must be completed.
Please attach a separ	ate sheet of pa	per if ad	ditional space is requi	ired.	
. ORGANISATION	CONTACT D	ETAILS			
Name (or propo	sed name) of No	n -profit (Organisation ("NPO"):		
Contact	Office Teleph	elephone: Cell Phone:			Email:
details for NPO					
, and		Addr	ess:	Website (if any):	Website (if any):
. CONTROLLER(S	S) CONTACT I	INFORM	IATION		
	Name:			Address:	
Telepho	Telephone (if different from above):			Position in NPO:	
Email:					

		OSE (or intended purpose) of	
Does your organisat	tion have subsidiar	organisation(s)? YES \square	NO □
If yes, please list the	• •		
1			
3			4. Samuel Transcon
3Please provide the in	nformation below f		t, Secretary and Treasure
23Please provide the innon-profit organisat	nformation below f		t, Secretary and Treasure
3Please provide the in	nformation below fion: Name:	or the <i>President, Vice Presiden</i>	t, Secretary and Treasure
Please provide the innon-profit organisat	nformation below fion: Name: Telephone:		t, Secretary and Treasure
Please provide the innon-profit organisat	nformation below fion: Name: Telephone: Address:	or the <i>President, Vice Presiden</i>	t, Secretary and Treasure
Please provide the innon-profit organisat PRESIDENT	nformation below formation: Name: Telephone: Address: Name:	or the <i>President, Vice Presiden</i> Email:	t, Secretary and Treasure
Please provide the innon-profit organisat	nformation below fion: Name: Telephone: Address:	or the <i>President, Vice Presiden</i>	t, Secretary and Treasure
Please provide the innon-profit organisat PRESIDENT	nformation below formation: Name: Telephone: Address: Name: Telephone:	or the <i>President, Vice Presiden</i> Email:	t, Secretary and Treasure
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Please provide the innon-profit organisat PRESIDENT VICE PRESIDENT	nformation below fion: Name: Telephone: Address: Name: Telephone: Address:	er the <i>President, Vice Presiden</i> Email: Email:	t, Secretary and Treasure
Please provide the innon-profit organisat PRESIDENT VICE PRESIDENT	nformation below fion: Name: Telephone: Address: Name: Telephone: Address: Name: Telephone:	er the <i>President, Vice Presiden</i> Email: Email:	t, Secretary and Treasure
Please provide the innon-profit organisat PRESIDENT VICE PRESIDENT	nformation below fion: Name: Telephone: Address: Name: Telephone: Address: Name: Telephone: Address:	er the <i>President, Vice Presiden</i> Email: Email:	t, Secretary and Treasure

constituent unit.

CONTROLLER DECLARATION

I,	, controller of
(1	fame of Controller) (NPO Name)
certify th	at the information provided is true to the best of my knowledge.
Signatur	e: Date:
	FOR OFFICIAL USE ONLY
	SECOND SCHEDULE
	(Sections 20(1), 24(1) and 34(3))
	DECLARATION FORM FOR NON-PROFIT ORGANISATIONS
Please no	ote that this form must be filled out by the Controller of the non-profit or umbrella organisation.
I,	controller of hereby declare that:
adı ma	reliable financial records are being maintained and are available through the office ministrator/registered agent/registered office or person who as the non-profit organisation's fiduciary, nagement body or other service provider is regulated by the Banks and Trust Companies Regulation t (<i>Ch. 316</i>) or the Financial and Corporate Service Providers Act (<i>Ch. 369</i>); and
	in respect of any donation that is one hundred thousand dollars and above, records are being intained at the registered office address of the non-profit organisation, whether the donation is made as a lump sum or as aggregate sums.
Signature	:
Date:_	