

**Ministry of Equity, Social Justice, and Empowerment**

**Department of Community Services**

**COMMUNITY ORGANISATIONS REGISTRATION FORM**

**(CBOs, NGOs, Not-for Profit/Charitable/Civil Society Organizations)**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Organisation………………………………………………………………………
2. Mailing Address…………………………………………………………………………….

1. District/Community ………………….…………………………………………..............
2. Date Established…………………………………………………………………………….
3. Meeting Place……………………………………………………………………………….
4. Meeting Day(s) and Times……………………………………………………......
5. Officers/Executive:

President/Chairman…………………………………… Tele#......................................

Vice President………………………………………… Tele#......................................

Treasurer……………………………………………… Tele#...................................... Secretary……………………………………………… Tele#......................................

Assistant Secretary…………………………………… Tele#......................................

P.R.O…………………………………………………. Tele#......................................

 Floor Representative(s)

………………………..………………………………. Tele#...................................... ………………………………………………………... Tele#...................................... ………………………………………………………... Tele#......................................

1. A copy of the Group’s/Organization Constitution is attached:

Yes………… No………… (Tick the appropriate one)

1. A copy of the Programme of Activities for the year (with dates and venues) is attached.

Yes………… No…………

1. A financial statement is attached Yes ………. No………
2. A Bank Statement if applicable is attached Yes ……. No………

1. A copy of the Minutes of the last annual general meeting is attached Yes……. No……
2. A copy of the election report is attached Yes--------No-----
3. Are you affiliated to any Group and /or Foundation?

Yes………… No…………

 Specify……………………………………………...................................................

 …………………………………….………………………………………………...

FOR OFFICIAL USE

Recommendation for Registration:

……….….. Approved .................... Partially Approved …………... Not Approved

……………………………………………… ……………………………...

Social Transformation Officer Date

……………………………………………… ………………………………

Head of Department Date

Date of Registration: ……………………………