

FIRST SCHEDULE
FORM I
THE CHARITIES ACT
The Charities Regulations, 2022

(Regulation 3(1))

Application for Registration of Charitable Organization

Name of Applicant: (in the case of an unincorporated charitable organization, a governing board member)		Address:	
Name of Charitable Organization:		Address:	
Telephone #		Email Address	
Date of Application: ____/____/____ (dd/mm/yyyy)	Previous Charity Registration Number (If applicable)	Companies Office of Jamaica Registration Number, etc.:	Charitable Organization TRN:
Type of Charitable Organization: Charitable Trust [] Institution: Incorporated [] Unincorporated [] Limited Liability Company [] Unlimited Liability Company [] Other _____		Under which Act is the entity Registered: (not applicable to individuals operating unincorporated /unregistered organization)	
Please indicate the applicable charitable purpose/s below <ol style="list-style-type: none"> 1. Prevention of relief of poverty. 2. The advancement of education. 3. The advancement of religion. 4. The advancement of health or the saving of lives. 5. The advancement of good citizenship or community development. 6. The advancement of arts, culture, heritage or science. 7. The advancement of amateur sport 8. The advancement of human rights, conflict resolution or reconciliation. 9. The promotion of religious or racial harmony or equality or diversity. 10. The advancement of environmental protection or improvement. 11. The relief of those in need because of youth, advanced age, ill-health, disability, financial hardship or other disadvantage (including temporary disadvantages such as the effects of a public disaster or public emergency). 12. The promotion of the efficiency of the armed forces or the efficiency of the police forces. 13. The advancement of animal welfare. 14. A purpose specified by the Minister, by order, analogous to a purpose mentioned in paragraphs 1 to 13 (state purpose). 			<div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div> <div style="text-align: right;">[]</div>

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Number of Governing Board Members: _____

**PARTICULARS OF GOVERNING BOARD MEMBERS
at the time of Application for Charitable Status**

Names of Governing Board Members	Date of Appointment to Board	Job Title/ Occupation	Nationality	TRN	Residential Addresses: Email	Email Address	Contact #

(All Governing Board Members are to complete and attach the Fit and Proper Questionnaire with a certified passport size picture)

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Name of Company Secretary, (if applicable):

Explain the charitable purpose and reason(s) for registration of the charitable organization:

State sections of the Constitution [Articles of Association and Memorandum of Association (applicable to companies incorporated before 2005) or Articles of Incorporation (Form 1B), (applicable to companies incorporated after 2005)], that specify how the assets and liabilities of the charitable organization will be treated upon dissolution.

Where the charitable organization is a body corporate, has a receiver been appointed to manage any of its assets? Yes [] No []

State sections of the Constitution [Articles of Association and Memorandum of Association (applicable to companies incorporated before 2005) or Articles of Incorporation (Form 1B including Schedule 1) (applicable to companies incorporated after 2005)], that specify how proper books of accounts of the charitable organization are to be kept for inspection by an Inspector or any person duly authorised by the Charity Authority:

State year of previously Audited Financial Statement (if applicable) _____

List all major donors and Country of Origin (if applicable)

EXISTING DONORS	COUNTRY OF ORIGIN

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State all sources of funding:

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

Please specify category for your Charity

CATEGORIES	TICK ALL THAT APPLY
Benevolent Societies	
Alumni/Past Students' Association	
Church/ Church Affiliates	
Other Religious Organizations/ Affiliates	
Company Based	
Community Based	
Government Based Entity	
Trusts	
Overseas Based Entity	
Schools (Government and Private)	
Unincorporated Entity	
Other (state):	

I HEREBY DECLARE THAT THE INFORMATION SUBMITTED IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Governing Board Member: _____ Date: _____

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KINDLY SUBMIT ALL OF THE FOLLOWING DOCUMENTS

√ documents submitted

- Application Fee []
- Charitable Organization's Tax Registration Number (TRN) []
- Certificate of Registration / Certificate of Incorporation []
- Fit and Proper Questionnaire along with certified passport size photograph to be submitted by all the Directors and the Secretary []
- Detailed plan of charitable activities to be carried out or the plan for the disbursement of donor funds to further the charitable purposes of the organization; []
- Copy of the administrative and operations management policies and procedures of the charitable organization []
- Prior year financial statements, audited or unaudited * []
- Applicable constituent document:- []
 - Articles of Association and Memorandum of Association for companies incorporated before 2005
 - Articles of Incorporation (Form 1 B) to include Schedule 1 for companies incorporated after 2005)
 - Trust Deed for a Charitable Trust
 - Registered Rules for Benevolent Societies
 - Vested Act for entities that were incorporated by way of such instruments
 - For unincorporated charitable organization, constituent document that have been stamped at the Stamp Office and lodged at the Registered General's Department

Application for Registration of Charitable Organization

FOR OFFICIAL USE

Date Application was received by the Charities Authority ____/____/____ (dd/mm/yyyy)

Date last Charitable Status was approved ____/____/____ (dd/mm/yyyy)

Checked by: Mrs., Mr., Miss _____

Forms completed : Yes ☐ No ☐ Documents submitted : ☐ ☐

Approval given: Yes ☐ No ☐

If no, reason:.....
.....
.....