

**READ THIS FIRST**

**WHAT IS THE PURPOSE OF THIS FORM?**

This form is an application for registration by a Non-Profit Organisation.

If the non-profit organisation complies with the requirements to register, the NPO Supervisor must do the following:

- If the application is for registration of an established non-profit organisation, register the non-profit organisation in the NPO register and provide the applicant and the non-profit organisation with written notice of its registration; or
- If the application relates to a proposed non-profit organisation, provide the applicant with written notice of its intention to register the proposed non-profit organisation, provided that the non-profit organisation is established within a period of 10 days from the date of the notice.

**WHO FILLS IN THIS FORM?**

The person acting on behalf of or who is responsible for the non-profit organisation.

**WHERE DOES THIS FORM GO?**

Anguilla Financial Services Commission  
P.O. Box 1575  
The Valley  
Anguilla

**OTHER REQUIREMENTS**

One copy of the non-profit organisation's constitution must accompany this form.

Anguilla Financial Services Commission  
Non-Profit Organisations Regulations, R.R.A. P98-2  
Part 3

**APPLICATION FOR REGISTRATION OF  
NON-PROFIT ORGANISATION ("NPO")**

**1. ORGANISATIONAL DETAILS**

Name of Organisation

\_\_\_\_\_

Physical Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Date of financial year end \_\_\_\_\_

**2. Category of the NPO:**

*(Tick relevant box)*

Charitable

Religious

Cultural

Educational

Social

Fraternal

Other *(please describe below)*

**3. Purpose (or intended purpose) of the NPO:**

**4. Objectives (or intended objectives) of the NPO:**

**5. Nature and extent of activities (or intended activities) of the NPO:**

**6. Structure (or intended structure) of the NPO:**

*(Tick relevant boxes)*

a. Trust

b. Limited by shares

c. Limited by guarantee

d. Friendly Society

e. Foundation

f. Other *(please describe below)*

7. **Number (or minimum and maximum number) of executive officers.**
8. **What country/countries will the organisation's activities be carried out in?**
9. **Does the organisation conduct any activities outside of Anguilla? Yes  No**   
**If yes, state the nature of the organisation's activities conducted outside of Anguilla.**
10. **Does the NPO accept/collect anonymous donations? Yes  No**   
**If yes, by what means? (e.g. in person; via mail; electronically)**
11. **What is the nature of business/individual of the donors giving money to the organisation?  
(e.g. Company, other organisations, or individuals)**  
**Please list companies or other organisations or give a general description of individuals.**
12. **What is the nature of the recipients that will be receiving the services of or funding from  
the organisation? (e.g. Company, other organisations, or individuals)**  
**Please list companies or other organisations or give a general description of individuals.**

13. **Executive Officers details** (If you have more executive officers than is provided for on this page, please include the particulars of these officers on a separate page and attach it to this application).

Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Position in Organisation \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Nationality \_\_\_\_\_  
Tel. \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_

Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Position in Organisation \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Nationality \_\_\_\_\_  
Tel. \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_

Name \_\_\_\_\_  
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Mailing Address \_\_\_\_\_  
Position in Organisation \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Nationality \_\_\_\_\_  
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Fax \_\_\_\_\_  
Email \_\_\_\_\_  
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Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Position in Organisation \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Nationality \_\_\_\_\_  
Tel. \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_

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Mailing Address \_\_\_\_\_  
Position in Organisation \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Nationality \_\_\_\_\_  
Tel. \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_

		Raised within Anguilla	Disbursed within Anguilla
14. <b>Estimate of the funds to be raised and disbursed in each financial year of the NPO within Anguilla:</b> <i>(Tick relevant boxes)</i>	\$0 - \$15,000	<input type="checkbox"/>	<input type="checkbox"/>
	\$15,001 - \$50,000	<input type="checkbox"/>	<input type="checkbox"/>
	\$50,001 - \$100,000	<input type="checkbox"/>	<input type="checkbox"/>
	\$100,001 - \$500,000	<input type="checkbox"/>	<input type="checkbox"/>
	\$500,001 +	<input type="checkbox"/>	<input type="checkbox"/>

		Raised outside Anguilla	Disbursed outside Anguilla
15. <b>Estimate of the funds to be raised and disbursed in each financial year of the NPO outside Anguilla:</b> <i>(Tick relevant boxes)</i>	\$0 - \$15,000	<input type="checkbox"/>	<input type="checkbox"/>
	\$15,001 - \$50,000	<input type="checkbox"/>	<input type="checkbox"/>
	\$50,001 - \$100,000	<input type="checkbox"/>	<input type="checkbox"/>
	\$100,001 - \$500,000	<input type="checkbox"/>	<input type="checkbox"/>
	\$500,001 +	<input type="checkbox"/>	<input type="checkbox"/>

#### 16. ADDITIONAL INFORMATION REQUIRED

Date when organisation was incorporated / established \_\_\_\_\_

Is the organisation affiliated with any other corporate body or structure? Yes  No

If yes, please indicate the name and contact details of this corporate body or structure.

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Does the proposed organisation have any subgroups or associations that it supervises? Yes  No

If yes, the subgroup or association must complete a separate NPO application form.

#### 17. EXEMPTION CLAUSE

Section 5(2) of the non-profit organisation regulations states that a non-profit organisation whose gross annual income does not exceed \$5,000 and whose assets do not exceed \$10,000 in value is exempted from registration.

“gross annual income” of a non-profit organisation, during any period, means the total income of the non-profit organisation from any source during the twelve months immediately preceding the first day of that period, including, but not limited to –

- a. income received from the provision of goods or services;
- b. rental income;
- c. interest and other income derived from its investments;
- d. donations of money or other property made to the organisation; and
- e. any grants made to the organisation.

		Gross Annual Income		Assets
18. <b>Estimate of gross annual income and assets for each financial year of the NPO:</b> <i>(Tick relevant boxes)</i>	\$0 - \$5,000	<input type="checkbox"/>	\$0 - \$10,000	<input type="checkbox"/>
	\$5,001 - \$10,000	<input type="checkbox"/>	\$10,001 - \$35,000	<input type="checkbox"/>
	\$10,001 - \$50,000	<input type="checkbox"/>	\$35,001 - \$60,000	<input type="checkbox"/>
	\$50,001 - \$80,000	<input type="checkbox"/>	\$60,001 - \$90,000	<input type="checkbox"/>
	\$80,001 - \$100,000	<input type="checkbox"/>	\$90,001 - \$100,000	<input type="checkbox"/>
	\$100,001 +	<input type="checkbox"/>	\$100,001 +	<input type="checkbox"/>

#### 19. DECLARATION BY PERSON SUBMITTING THIS APPLICATION

***Caution: It is a criminal offence to make a false or misleading statement in order to register. If you have made a false or misleading statement on this form, you could be prosecuted.***

I declare that:

- To the best of my knowledge and belief all the information I have given in this application is correct;
- I understand that non-compliance with the Non-Profit Organisations regulations may be met with criminal prosecution;
- I have read and understand the caution above; and
- I understand that it is a requirement under Section 10(1) and (2) of the Non-Profit Organisations Regulations, R.R.A. P98-2 that the Commission be informed in writing of any change in any information, whether the information was provided before or after its registration.

Name:

Position in NPO:

Signature:

Date:

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#### **For AFSC Use Only**

NPO No:

Date Filed:

Exempted

Non-Exempted