

Please identify the primary objectives of your organization, and its main beneficiaries.

Please identify the nature of any fundraising activities, projects and programmes that the organization intends to engage in.

Please state the purposes for which the proceeds of any fundraising activities are intended to be applied.

Please explain how the organization's objectives and aims are of benefit to the public. You may wish to refer to the Guidance on Public Benefit document issued by the Registrar General and Charity Commissioners, which is available at www.charities.gov.bm.

LIST ALL TRUSTEES, DIRECTORS AND OFFICERS OF THE ORGANIZATION

Official Title:		
Name:		
Street Address:		
Phone No. (W)	(H)	Email
Official Title:		
Name:		
Street Address:		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
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Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email

In the past 5 years, have any of the organization's **trustees, directors or officers**, whether under the laws of Bermuda or any other jurisdiction:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| a) been charged or convicted of an offence (excluding traffic violations) under any criminal law or other law in force? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) been the subject of, or convicted in any regulatory, civil, or other action or proceeding? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) been the subject of bankruptcy or receivership proceedings? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) been the subject of a court judgement or writ, or failed to satisfy a judgement or writ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) had a business licence or registration refused, suspended or cancelled? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If the answer is YES to any of questions a) to e) above, please provide details (attach a separate sheet if necessary):

GENERAL OBLIGATIONS

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| a) Does the organization intend to work with persons who are considered vulnerable because of their age, physical or mental ability, or ill health? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) If you answered Yes to question a), are you in compliance with the Vulnerable Persons Policy Document that has been issued by the Registrar General and Charities Commissioners for charities? (Available at www.charities.gov.bm) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Are you familiar with the Anti-Money Laundering and Anti-Terrorist Financing obligations pertaining to charities under the Charities Act 2014 and the Charities (Anti-Money Laundering, Anti-Terrorist Financing and Reporting) Regulations 2014? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Are you familiar with the reporting obligations of charities under the Charities Act 2014 and the Charities Regulations 2014? These include: <ul style="list-style-type: none"> • Annual accounts within 6 months of the financial year end (Section 37) • Annual reports within 6 months of the financial year end (Section 38) • Notification of any changes to the charity's trustees, address, or other particulars within 30 days (Section 17) • Annual fees and other fees payable | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Have you included the following supporting documentation with your application? <ul style="list-style-type: none"> • A copy of the charity's governing documents, which must include: <ol style="list-style-type: none"> i. a dissolution clause stating that if the charity is wound up, its net assets will be transferred to another charity having similar purposes (not required if you have submitted current governing documents with an approved dissolution clause within the last 5 years) ii. a bank mandate requiring that financial transactions be approved by at least two independent trustees (not required if you have submitted a bank mandate within the last 3 years and there have been no changes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please note that an answer of NO to any of questions b), c), d, or e) above may result in the application being denied.

We, being two trustees of the applicant charity, hereby certify that the particulars contained in this application for registration under the Charities Act 2014 are true and correct to the best of our knowledge and belief.

1. _____
Signature

Date

Print Name

Title in organization

2. _____
Signature

Date

Print Name

Title in organization