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## CHARITIES ACT 2014 APPLICATION TO REGISTER AS A CHARITY

This information is being collected for the purposes of determining suitability of charities and associated persons for registration under the Charities Act 2014. Questions about this Form or the collection of the information can be directed to the Registrar General at the address below, or to: charityinfo@gov.bm or 297-7848.

| RETURN THIS FORM TO:                              | <ul> <li>D: The Registrar General<br/>Government Administration Building, 1<sup>st</sup> Floor<br/>30 Parliament Street</li> </ul> |   |                                  |                |  |
|---|--|---|----------------------------------|----------------|--|
|   | Hamilton HM 12   |   | Email: <u>charityinfo@gov.bm</u> |                |  |
| 1. Name of Organization                           |  |   |                                  |                |  |
| 2. Phone number:                                  |  | Fax Number:   |                                  | Email address: |  |
| 3. Address of Organizatio                         | on (street address)  |   |                                  |                |  |
| 4. Mailing address (if diff                       | erent from street a  | ddress)   |                                  |                |  |
| 5. Current Registered Charity No. (if applicable) |  | 6. Current Registration Expiry Date (if applicable) |                                  |                |  |
| 7. Company Registration Number (if applicable)    |  | 8. Financial Ye                                     | ar End                           |                |  |

9. Which of the following categories of charitable purposes best describe those of your organization? Please select one primary purpose and only one secondary purpose, if necessary.

| ٠ | The prevention or relief of poverty  |     | • | The advancement of sport   | [ | ] |
|---|--|-----|---|--|---|---|
| ٠ | The advancement of education   |     | • | The advancement of the arts, culture, heritage or science  | [ | ] |
| • | The advancement of religion  | [ ] | • | The advancement of animal welfare  | [ | ] |
| • | The advancement of health or the saving of lives   |     | • | The relief of those in need because of<br>youth, age, ill-health, disability, financial<br>hardship or other disadvantage                                    | [ | ] |
| • | The advancement of citizenship or<br>community development   |     | • | The advancement of environmental protection or improvement   | [ | ] |
| • | The advancement of human rights, conflict<br>resolution or reconciliation, or the promotion<br>of religious or racial harmony or equality<br>and diversity |     | • | The promotion of the efficiency of the armed<br>forces of the Crown or of the efficiency of<br>the police, fire and rescue services or<br>ambulance services | [ | ] |
| • | The provision of recreational or similar facilities in the interests of social welfare   |     |   | Other (please specify)   | [ | ] |

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 <u>www.charities.gov.bm</u>.

| LIST ALL TRUSTEES, I | DIRECTORS AND OFFICERS OF THE ORGAN | IZATION |  |
|----------------------|-------------------------------------|---------|--|
| 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   |  |
| 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       |                                     |         |  |
|                      | (11)                                |         |  |
| Phone No. (W)        | (H)                                 | Email   |  |
| Official Title       |                                     |         |  |
| Name                 |                                     |         |  |
| Street Address       |                                     |         |  |
| Phone No. (W)        | (H)                                 | Email   |  |
| Official Title       |                                     |         |  |
| Name                 |                                     |         |  |
| Street Address       |                                     |         |  |
| Street Address       |                                     |         |  |
| Phone No. (W)        | (Н)                                 | Email   |  |
| Official Title       |                                     | 2       |  |
| 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)<br>under any criminal law or other law in force? | Yes |     | No | [ ] |
|----|---|-----|-----|----|-----|
| b) | been the subject of, or convicted in any regulatory, civil, or other action or proceeding?                              | Yes | [ ] | No |     |
| c) | been the subject of bankruptcy or receivership proceedings?   | Yes |     | No | [ ] |
| d) | been the subject of a court judgement or writ, or failed to satisfy a judgement or writ?                                | Yes |     | No | [ ] |
| e) | had a business licence or registration refused, suspended or cancelled?   | Yes | [ ] | No | [ ] |

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

| GENE | RALOBLIGATIONS  |     |    |    |  |
|------|---|-----|----|----|--|
| 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 | [] | No |  |
| b)   | If you answered <b>Yes</b> to question a), are you in compliance with the Vulnerable<br>Persons Policy Document that has been issued by the Registrar General and Charities<br>Commissioners for charities? (Available at <u>www.charities.gov.bm</u> )   | Yes |    | No |  |
| c)   | Are you familiar with the Anti-Money Laundering and Anti-Terrorist Financing<br>obligations pertaining to charities under the Charities Act 2014 and the Charities<br>(Anti-Money Laundering, Anti-Terrorist Financing and Reporting) Regulations 2014?   | Yes |    | No |  |
| d)   | <ul> <li>Are you familiar with the reporting obligations of charities under the Charities Act 2014 and the Charities Regulations 2014? These include:</li> <li>Annual accounts within 6 months of the financial year end (Section 37)</li> <li>Annual reports within 6 months of the financial year end (Section 38)</li> <li>Notification of any changes to the charity's trustees, address, or other particulars within 30 days (Section 17)</li> <li>Annual fees and other fees payable</li> </ul> | Yes |    | No |  |
| e)   | <ul> <li>Have you included the following supporting documentation with your application?</li> <li>A copy of the charity's governing documents, which must include: <ol> <li>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)</li> </ol></li></ul>                             | Yes |    | No |  |
|      | ii. a bank mandate requiring that financial transactions be approved by at<br>least two independent trustees (not required if you have submitted a<br>bank mandate within the last 3 years and there have been no changes   |     |    |    |  |

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 |      |