

REPUBLIC OF TRINIDAD AND TOBAGO

THE NON-PROFIT ORGANISATIONS ACT, NO. 7 OF 2019

(Section 21D)

FORM 7

APPLICATION FOR RESTORATION

1. Name of Non-Profit Organisation

2. Non-Profit Organisation Number

3. Address of Non-Profit Organisation

4. Date of Cancellation of Registration _____

5. The controller(s) of the Non-Profit Organisation at the date of this application is/are –

Full Name _____ Address _____

Occupation _____ Nationality _____

Telephone No. _____ Email Address _____

Basis on which he is a controller - _____

Full Name _____ Address _____

Occupation _____ Nationality _____

Telephone No. _____ Email Address _____

Basis on which he is a controller - _____

6. The Members(s) of the Non-Profit Organisation at the date of this application is/are-

Full Name _____ Address _____

| | |
|-------------------|--|
| Occupation/Status | Nationality/ Jurisdiction of Incorporation/ Formation |
| Telephone No. | Email Address |

| | |
|-----------|---------|
| Full Name | Address |
|-----------|---------|

| | |
|-------------------|--|
| Occupation/Status | Nationality/ Jurisdiction of Incorporation/ Formation |
| Telephone No. | Email Address |

7. The Founder(s) of the Non-Profit Organisation at the date of this application is/are –

| | |
|-----------|---------|
| Full Name | Address |
|-----------|---------|

| | |
|-------------------|--|
| Occupation/Status | Nationality/ Jurisdiction of Incorporation/ Formation |
| Telephone No. | Email Address |

| | |
|-----------|---------|
| Full Name | Address |
|-----------|---------|

| | |
|-------------------|--|
| Occupation/Status | Nationality/ Jurisdiction of Incorporation/ Formation |
| Telephone No. | Email Address |

8. The Beneficiary(ies)/ Class of Beneficiary(ies) of the Non-Profit Organisation at date of this application _____ is/are _____ -

DECLARATION OF CONTROLLER MAKING THE APPLICATION

I, the undersigned, declare that the information contained in this form is to the best of my knowledge, information and belief, true and correct.

| Date | Name and Title | Signature |
|------|----------------|-----------|
| | | |

THE NON-PROFIT ORGANISATIONS ACT, NO. 7 OF 2019

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Instructions

Items 1, 2

Set out the full name of the non-profit organisation and the non-profit organisation number (if a number has been assigned).

Item 3

State the principal address of the non-profit organisation.

Item 4

State the effective date of cancellation as indicated on the Gazette publication or elsewhere, by other means approved by the Registrar.

Item 5

With respect to each controller of the non-profit organisation –

- (a) state the first name(s), middle name(s) and surname(s) of the controller;
- (b) state the full street address, including the building number and, if a multi-dwelling unit, unit number of the controller;
- (c) specify the controller's occupation clearly. Where possible, specify the area of speciality e.g. electrical engineer;
- (d) state the nationality of the controller;
- (e) state the telephone number(s) of the controller;
- (f) state the e-mail address of the controller; and
- (g) state the basis upon which the person is considered a controller.

Item 6

With respect to each member of the non-profit organisation, state –

- (a) first name(s), middle name(s) and surname(s) of each member, whether a natural person or a corporation;
- (b) address (if a natural person) or registered office (if a corporation) including the building number and, if a multi-unit building, unit number;
- (c) occupation/calling (if a natural person) or status e.g., "corporation/limited or unlimited liability company" (if a corporation); and
- (d) nationality (if a natural person) or jurisdiction of incorporation/formation (if a corporation) e.g. "incorporated under the laws of Trinidad and Tobago" (or elsewhere).

Item 7

With respect to each founder of the non-profit organisation, state –

- (a) full name of each founder, whether a natural person or a corporation;
- (b) address (if a natural person) or registered office (if a corporation) including the building number and, if a multi-unit building, unit number;
- (c) occupation/calling (if a natural person) or status e.g., "corporation/limited or unlimited liability company" (if a corporation); and
- (d) nationality (if a natural person) or jurisdiction of incorporation/formation (if a corporation) e.g. "incorporated under the laws of Trinidad and Tobago" (or elsewhere).

Item 8

State the full name, address, occupation and nationality of each beneficiary or class of beneficiary(ies) of the non-profit organisation.

Signature -

The controller shall sign the notice indicating the capacity in which he is signing.

