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| **fsc logo1 (2)** | **TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION** | | | |
| **Form to Update the Registration Information for a**  **Non-Profit Organisation (NPO)** | | | |
| 1. **Who should use this form?**   This form should be used to update the information provided on a registered or exempt non-profit organisation (NPO) as defined under the Proceeds of Crime Ordinance [Cap.03.15]. The NPO Supervisor will prompt an NPO to submit this form.  ***1.1 How to submit this form***  This form and supporting documents can be submitted electronically via email at [aml\_supervision@tcifsc.tc](mailto:aml_supervision@tcifsc.tc%20) or a paper version can be submitted by hand to the Commission’s offices in Providenciales or Grand Turk. | | | | |
| **2 General Information** | | | | |
| 2.1 Reporting Year | |  | | |
| 2.2 Name of Organisation | |  | | |
| 2.3 Present Legal Structure | | Incorporated | | Unincorporated |
| ***If the organisation is a Non-Profit Company –*** | | |
| Name of the Registered Agent | |  |
| The address of the Registered Office | |  |
| 2.4 Contact Details for the Organisation | | Has there been any change in the contact details of the NPO? Note that the change includes NPO’s principal address, telephone number, email address, website. | | Yes  No |
| If yes, provide details: | |  |
| 2.5 Has the organisation been affiliated, or changed its affiliation, with any other non-profit organisation in the TCI during the reporting period? | | | Yes  No | |
| If yes, please state the full name of the non-profit organisation. | | |  | |
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| 2.6 Has the organisation been affiliated with any other non-profit organisation outside the TCI during the reporting period? | | | Yes  No | |

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| If yes, please state the full name and country of operation of the non-profit organisation. | Affiliated NPO | Country where based |
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| 2.7 How many members did the organisation have during the reporting period? | |  | | |
| 2.8 How many employees did the organisation have during the reporting period? | |  | | |
| 2.9 How many volunteers did the organisation have during the reporting period? | |  | | |
| 2.10 Did the organisation carry on a business during the reporting period? | | Yes  No | | |
| If yes, please describe the business being carried on and provide a certified copy of the business license and business name certificate (if any): | | | | |
| 2.11 Which means of payment did the organisation use during the reporting period? | | | | |
| Indicate Means of Payment | % of transactions using the means of payment listed | | Indicate Means of Payment | % of transactions using the means of payment listed |
| Cash | % | | Cheque | % |
| Bank Draft | % | | PayPal | % |
| Credit Card | % | | Money Order | % |
| Electronic Transfer | % | | Other (describe) | % |

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| **2.12 Banking Arrangements** | |
| Name of Bank |  |
| Bank Address |  |

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| **3 Purpose, Objectives and Activities of Non-Profit Organisation** | |
| 3.1 Did the purpose, objectives or activities of the organisation changed during the reporting period? | Yes  No |
| If yes, please restate in detail the purpose, objectives, and/or activities of the organisation |  |

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| **3.2 Programs, services, and fundraising activities of the organisation** | |
| **Programs and Services***:-* | |
| 3.3 Please list all the programs or services offered by the organisation for the reporting period. | |
| Program or Service | Countries where program operates, or service delivered |
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| **4 Declaration** | | | |
| Only an authorised official of the organisation should sign this form. The persons considered to be the controllers of the organisation are ultimately responsible for the accuracy of the information provided on this form.  I declare that –   * I have authority to sign this form. * I have answered every question and included all relevant details. Where necessary, I have continued my answers on a separate sheet of paper which is attached to this form. * The information given is true and complete * I understand that I must advise the Commission in writing as soon as possible of a material change or significant inaccuracies in any information or documentation provided in this form. * I will provide any further information as the Commission may consider appropriate to support this form | | | |
| **Name** |  | | |
| **Signature** |  | **Date** |  |
| **Position in the Organisation** |  | | |
| **Contact Telephone Number** |  | | |