

COMMONWEALTH OF THE BAHAMAS VALUE ADDED TAX DEPARTMENT

APPLICATION FOR APPROVAL AS A CHARITABLE ORGANISATION IN ACCORDANCE WITH THE VALUE ADDED TAX ACT

A. T.	AXPAYER INFORMATIO	N			
1.	Tax Identification Nu	mber			
2.	Registered Name				
3.	Trade Name				
4.	Mailing Address				
B. G	OVERNING DOCUMENT	rs			
5.	Is the organisation in	ncorporated?			
	Yes O	No		0	
6.	Is the organisation re	egistered as a	non-profit	organi	sation under Section 14 of the Companies Act?
	Yes O	No		0	
7.	Is the organisation re	sident for the	e purposes	of the	Exchange Control Regulations and VAT Act?
	Yes O	No		0	
8.	State the type of doc	ument that go	overns the	organis	ation, <u>and attach a copy</u> including all amendment
	if applicable (please	tick all that ap	oply).		
	Constitution	0	Trust	0	Memorandum/ Articles of Association O
	Articles of Incorporati	on O	Other		

C. STRUCTURE

9.	Has the	organisatior	n received, or will it	receive, mo	re than 50	0% of its income or asset(s) from	
	one pers	son (individu	ıal, corporation, tru	st etc.) or a	group of p	persons who are not at arm's leng	th
	(e.g., rel	ated by bloo	d, marriage, busine	ess or emplo	yer/emplo	oyee relationships) with each othe	r ?
	Yes	0		No	0		
10.	If you ar	nswered yes	to the previous que	estion, ident	ify the so	urce of the income or asset(s) and	
	indicate	the relation	ship(s) between th	e contributo	r(s) and y	ourself.	_
11.	Will the	major contri	butor(s), or anyone	not at arm's	length w	vith the major contributor(s) have	
	any ong	oing involve	ment whatsoever	with the orga	anisation?	? If yes,please describe.	
12.	Identify	any nersona	l or husiness relati	onshin(s) th	at exist he	etween the organisation's officials	
	Identify any personal or business relationship(s) that exist between the organisation's officials (for example directors or trustees) and any major beneficiaries of the organisation.						
	,	•	<u>, </u>				
13.	What do	oes vour ora	anisation do and he	ow do these	activities	benefit the public (attach	
10.		al pages if n		ow do these	activities	beliefit the public (attach	
		iai pagoo ii i					

D. CHARITABLE FUNCTION 14. What category does your organisation fall under (tick all that apply)? Poverty relief 0 Education 0 Civic Improvement O Social Welfare O Other (Please specify) 15. Please indicate section of governing documents (memorandum, articles of association, etc.) that describes how the organisation must use and disburse its income or assets.

16.	Please indicate se	ction of governing do	ocuments (memorandum	, articles of association, etc.) that			
	describes how the assets and liabilities of the organisation must be treated upon dissolution.						
17.	What are your sources of income (please indicate the percentage of each and <u>Attach a copy</u> of your Financial Statements)?						
	Fund raising		Sponsorship				
	Donations		Other				
_				(Please specify)			

ame	Position in org		nsation / Salary Email ganisation
. Wha	t is the gross annual sala	ry/wages expense paid	to all employees of the organisation?
CERTIFIC	ATION		
Name	e of Authorized Person		
		current to the best of ou	led (including the attached documents) ur knowledge and belief, and that we ha laration.

Please enter the following information about all members of the organisation's board of

18.