

LEGAL NOTICE NO. 236

REPUBLIC OF TRINIDAD AND TOBAGO

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

RULES

MADE BY THE REGISTRAR GENERAL UNDER SECTION 26(1) OF THE NON-PROFIT ORGANISATIONS ACT, WITH THE APPROVAL OF THE MINISTER OF LEGAL AFFAIRS

THE NON-PROFIT ORGANISATIONS (PRESCRIBED FORMS AND FEES) (AMENDMENT) RULES, 2024

1. These Rules may be cited as the Non-Profit Organisations (Prescribed Forms and Fees) (Amendment) Rules, 2024. Citation

2. The Non-Profit Organisations (Prescribed Forms and Fees) Rules, 2019 are amended in— L.N. No. 139 of 2019 amended

(a) Schedule I by—

(i) deleting Form 1 and substituting the following new Form 1:

“REPUBLIC OF TRINIDAD AND TOBAGO

THE NON-PROFIT ORGANISATIONS ACT, No. 7 of 2019

(Rule 2)

FORM 1

[Section 5(3)]

APPLICATION FOR REGISTRATION

Organisational Details

- 1. Name of Non-Profit Organisation (NPO)
2. Status of the NPO
3. Telephone Number Email Address
4. Principal Address
5. Mailing Address
6. Does the NPO operate at more than one office/location in Trinidad and Tobago? YES/ NO

If yes, provide the name and address of each branch/location -

Table with 2 columns: Branch/Location Name, Address

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(Amendment) Rules, 2024

7. The declared purposes and activities of the NPO –

8. Does the NPO have a parent body or is the NPO affiliated with any other NPO (local or international)?

If yes, state the name(s) and address(es) of those NPOS -

Full Name	Address
_____	_____
_____	_____
_____	_____

Controller(s) Details

9. The controller(s) of the NPO 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 - _____	

Member(s) Details

10. The Member(s) of the NPO is/are—

Full Name _____	Address _____
Occupation/Status _____	Nationality/ Jurisdiction of Incorporation/ Formation _____
Telephone No. _____	Email Address _____

Founder(s) Details

11. The Founder(s) of the NPO is/are –

Full Name _____	Address _____
_____	Nationality/ Jurisdiction of Incorporation/ Formation _____
Occupation/Status _____	_____
Telephone No. _____	Email Address _____
_____	_____

Beneficiary(ies) Details

12. The Beneficiary(ies)/ Class of Beneficiary(ies) of the NPO is/are -

13. Documents attached are -

- (a) Copies of constituent documents of the Non-Profit Organisation;
- (b) Copy of photo identification of the controller(s); and
- (c) Completed AML/CFT/PF risk assessment questionnaire.

DECLARATION OF CONTROLLER MAKING THE APPLICATION

I, the undersigned, declare that I am duly authorised by this Non-Profit Organisation to complete and submit this application, that the information contained in this form is to the best of my knowledge true and correct and I do state as true and correct that none of the signatories to this application is an individual described in section 19 of the Non-Profit Organisations Act, 2019.

Date _____ Name and Title _____

Signature _____

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

FORM 1

APPLICATION FOR REGISTRATION

Instructions

With respect to the non-profit organisation –

Item 1

Set out the full name of the non-profit organisation.

Item 2

State whether the non-profit organisation is incorporated or unincorporated.

Item 3

State the telephone number and email address at which the non-profit organisation may be contacted.

Item 4

State the full principal address of the non-profit organisation.

Item 5

State the full mailing address of the non-profit organisation.

Item 6

Indicate whether the non-profit organisation operates multiple offices /locations in Trinidad and Tobago. Provide the particulars of each branch/location.

Item 7

Set out the objective(s) and activity(ies) that the non-profit organisation carries on or proposes to carry on.

Item 8

State whether the non-profit organisation is a subsidiary of any local or international parent body(ies) or has any affiliations with other local or international non-profit organisations. Provide particulars of the parent body or other non-profit organisation.

Item 9

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

- (a) state the first given name, middle name and surname name 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 should be considered a controller.

Item 10

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

- (a) the full name of each member, whether a natural person or a corporation;
- (b) the address (if a natural person) or registered office (if a corporation) including the building number and, if a multi-unit building, unit number;
- (c) the occupation/calling (if a natural person) or status e.g., “corporation/limited or unlimited liability company” (if a corporation); and
- (d) the 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 11

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

- (a) the full name of each founder, whether a natural person or a corporation;
- (b) the address (if a natural person) or registered office (if a corporation) including the building number and, if a multi-unit building, unit number;
- (c) the occupation/calling (if a natural person) or status e.g., “corporation/limited or unlimited liability company” (if a corporation); and
- (d) the 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 12

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

Item 13

The statement must be accompanied by a copy of each of the constituent documents of the non-profit organisation with up-to-date amendments, a copy of a valid photo identification of the controller making the application and a completed AML/CFT/PF risk assessment questionnaire.

Signature -

The controller making the application shall sign the statement.”.

- (ii) deleting Form 4 and substituting the following new Form 4:

“REPUBLIC OF TRINIDAD AND TOBAGO

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

[Section 15(1)]

FORM 4

**NOTICE OF CHANGE IN THE PARTICULARS
REGISTERED BY A NON-PROFIT ORGANISATION**

1. Name of Non-Profit Organisation (NPO) _____
Registration No. _____

New Organisational Details

2. Notice is given that the following changes took place with respect to the NPO -

Name of NPO:	Date of Change:
Physical Address:	Date of Change:
Mailing Address:	Date of Change:
Telephone Number:	Date of Change:
Email Address:	Date of Change:
Status from Unincorporated to Body Corporate:	Date of Change:
Declared Purposes and Activities:	Date of Change:

2A. Notice is given that the NPO has been incorporated by virtue of –

- the Companies Act, Chap. 81:01;
- any other written law.

3. Notice is given that on the day of 20....., the constituting the non-profit organisation was amended.

New Controller Details

4. Notice is given that the following changes took place with respect to the controller(s) of the NPO:

Full Name/Particulars of change of name	Address and Date of Change	Occupation and Date of Change	Nationality and Date of Change	Nature of Control and Date of Change

5. Notice is given that on the day of 20....., the following person(s) became controller(s) of the NPO:

Full Name	Address	Occupation	Nationality	Telephone Number	Email Address	Basis on which he is a controller

6. Notice is given that on the day of 20....., the following person(s) ceased to be controller(s) of the NPO:

Full Name	Address	Occupation	Nationality	Telephone Number	Email Address

7. The controller(s) of the NPO is/are -

Full Name	Address	Occupation	Nationality	Telephone Number	Email Address

New Member Details

8. Notice is given that the following changes took place with respect to the members of the NPO :

Full Name/Particulars of change of name	Address and Date of Change	Occupation and Date of Change	Nationality and Date of Change

9. Notice is given that on the day of 20....., the following person(s) became member(s) of the NPO :

Full Name	Address	Occupation	Nationality	Telephone Number	Email Address

10. Notice is given that on the day of 20....., the following person(s) ceased to be member(s) of the NPO :

Full Name	Address	Occupation	Nationality	Telephone Number	Email Address

11. The members(s) of the NPO is/are –

Full Name	Address	Occupation	Nationality	Telephone Number	Email Address

New Beneficiary Details

12. Notice is given that the following changes took place with respect to the beneficiary(ies)/ class(es) of beneficiary(ies) of the NPO -

Date of Change _____

Particulars of change _____

13. Documents attached are- *(Please tick (✓) the appropriate box)*

- (a) copy of constituent document(s), as amended, of the non-profit organisation;
- (b) copy of photo identification of the controller whose particulars have been changed.

14.

Date	Full Name and Title	Signature

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

FORM 4

**NOTICE OF CHANGE IN THE PARTICULARS
REGISTERED BY A NON-PROFIT ORGANISATION**

Instructions

With respect to the non-profit organisation-

Item 1

Set out the full name of the non-profit organisation and the registration number as indicated in its Certificate of Registration.

Item 2

- (a) the name of the non-profit organisation needs to be stated only if there is a change in the name - state the full name of the non-profit organisation and the date on which the change became effective.
- (b) the physical address needs to be stated only if there is a change in the location or address - state the full address of the non-profit organisation and the date on which the change became effective.
- (c) the mailing address needs to be stated only if there is a change in the address - state the full mailing address and the date on which the change became effective.
- (d) the telephone number needs to be stated only if there is a change in the number - state the telephone number and the date on which the change became effective.
- (e) the email address needs to be stated only if there is a change - state the email address and the date on which the change became effective.
- (f) the date on which the change of status became effective needs to be stated only if there is a change.
- (g) the declared purposes and activities need to be stated only if there is a change - set out the objective(s) and activity(ies) the non-profit-organisation carries on.

Item 2A

State whether the non-profit organisation was incorporated by virtue of the Companies Act, Chap. 81:01 or any other written law.

Item 3

Indicate the effective date of any change in the constituent documents of the non-profit organisation and specify the document which has been amended.

With respect to each controller-

Item 4

- (a) state the first name(s), middle name(s) and surname(s) of the controller(s) to whom the change(s) applies and set out the particulars of any change of name, including the new name, date of change, and by virtue of what authority the change of name was effected.
- (b) the address needs to be stated only if there is a change in the location or address -
 - (i) state the full street address, including the building number and, if a multi-dwelling unit, unit number; and
 - (ii) state the effective date of the change.
- (c) the occupation needs to be stated only if there is a change -
 - (i) specify the occupation clearly. Where possible, specify area of specialty, e.g. electrical engineer; and
 - (ii) state the effective date of the change.
- (d) the nationality needs to be stated only if there is a change -
 - (i) state the nationality; and
 - (ii) state the effective date of the change.
- (e) the nature of control needs to be stated only if there is a change -
 - (i) state whether control is exercised directly, indirectly or through other means; and
 - (ii) state the effective date of change.

Item 5

- (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 area of specialty, e.g. electrical engineer;
- (d) state the nationality of the controller;
- (e) state the telephone number of the controller;
- (f) state the email address of the controller; and
- (g) state the basis on which the person is to be considered a controller.

Items 6 and 7

- (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 area of specialty, e.g. electrical engineer;
- (d) state the nationality of the controller;
- (e) state the telephone number of the controller; and
- (f) state the email address of the controller.

With respect to each member-

Item 8

- (a) state the first name(s), middle name(s) and surname(s) of the member(s) to whom the change(s) apply(ies) and set out the particulars of any change of name, including the new name, date of change, and by virtue of what authority the change of name was effected.
- (b) the address needs to be stated only if there is a change in the location or address -
 - (i) state the full street address, including the building number and, if a multi-dwelling unit, unit number; and
 - (ii) state the effective date of the change.
- (c) the occupation needs to be stated only if there is a change -
 - (i) specify the occupation clearly. Where possible, specify area of specialty, e.g. electrical engineer; and
 - (ii) state the effective date of the change.
- (d) the nationality needs to be stated only if there is a change -
 - (i) state the nationality; and
 - (ii) state the effective date of the change.

Items 9, 10 and 11

- (a) state the first name(s), middle name(s) and surname(s) of the member;
- (b) state the full street address, including the building number and, if a multi-dwelling unit, unit number of the member;
- (c) specify the member's occupation clearly. Where possible, specify area of specialty, e.g. electrical engineer;
- (d) state the nationality of the member;
- (e) state the telephone number of the member; and
- (f) state the email address of the member.

Item 12

State the first name(s), middle name (s) of the beneficiary or class of beneficiary(ies) to whom the change applies and set out the particulars of any change of name, including the new name, and by virtue of what authority the change of name was effected, the address, occupation or nationality and the effective date of change.

Item 13

Indicate whether the notice is accompanied by a copy of the constituent document(s) of the non-profit organisation with up-to-date amendments and/or a copy of a valid photo identification of the controller(s) whose particulars have been changed.

Signature -

The controller shall sign the notice indicating the capacity in which he is signing²⁷; and

(iii) inserting after Form 4 the following new forms:

“REPUBLIC OF TRINIDAD AND TOBAGO

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

(Section 15)

FORM 5

**CERTIFICATE OF REGISTRATION OF
CHANGE OF PARTICULARS**

Registration No.

(Name of Non-Profit Organisation)

I HEREBY CERTIFY

- the change of name of the above-mentioned Organisation from
.....to.....
- the change of status of the above-named Organisation to an incorporated body of persons,
was this day registered pursuant to section 15(2), of the Non-Profit Organisations Act, 2019.

Registrar General

Date of Registration

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THE NON-PROFIT ORGANISATIONS ACT, No. 7 of 2019

(Section 21C)

FORM 6

ANNUAL RETURN BY A NON-PROFIT ORGANISATION

1. Name of Non-Profit Organisation _____
2. Non-Profit Organisation Number _____
3. Address of Non-Profit Organisation _____

4. Anniversary Date of Registration _____
5. The controller(s) of the Non-Profit Organisation at the date of this return 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 - _____

Full Name _____	Address _____
-----------------	---------------

Occupation _____	Nationality _____
------------------	-------------------

Telephone No. _____	Email Address _____
---------------------	---------------------

Basis on which he is a controller - _____

6. The Member(s) of the Non-Profit Organisation at the date of this return 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 _____

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 return 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 _____

Full Name _____ Address _____

Occupation/Status _____ Nationality/Jurisdiction of Incorporation/Formation _____

Telephone No. _____ Email Address _____

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8. The Beneficiary(ies)/ Class of Beneficiary(ies) of the Non-Profit Organisation at the date of this return 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	Full Name and Title	Signature

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

FORM 6

ANNUAL RETURN

Instructions

Items 1, 2

Set out the full legal name of the non-profit organisation, and except where a number has not been assigned, state the non-profit organisation number.

Item 3

State the full address of the registered office of the non-profit organisation.

Item 4

State the anniversary date of registration of the non-profit organisation.

Item 5

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

- (a) state the first given name, middle name and family name 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 email 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 the –

- (a) full name 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 the –

- (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

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- (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.

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 - _____

Full Name _____ Address _____

Occupation _____ Nationality _____
Telephone No. _____ Email Address _____
Basis on which he is a controller - _____

Non-Profit Organisations (Prescribed Forms and Fees)
(Amendment) Rules, 2024

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 _____

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 _____

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

APPLICATION FOR RESTORATION

FORM 7

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 the –

- (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 the –

- (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(ics) of the non-profit organisation.

Signature -

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

REPUBLIC OF TRINIDAD AND TOBAGO

THE NON-PROFIT ORGANISATIONS ACT, No. 7 of 2019

(Section 21D)

FORM 8

CERTIFICATE OF RESTORATION

Registration No.

Name of Non-Profit Organisation

I HEREBY CERTIFY that the above-named Non-Profit Organisation was restored to the register of Non-Profit Organisations, pursuant to section 21D, of the Non-Profit Organisations Act, 2019.

Registrar General

Date of Restoration

.”; and

(b) Schedule 2, by inserting after Item 8, the following new Items:

“9.	FILING OF ANNUAL RETURN	\$ 40.00
10.	FILING OF APPLICATION FOR RESTORATION	
	Filing of Application	\$200.00
	Certificate of Restoration	\$40.00.”

Made this 15th day of November, 2024.

Registrar General

Approved by the Minister of Legal Affairs this this 15th day of
November, 2024.

R. ARMOUR
*Attorney General and
Minister of Legal Affairs*