



# Application for registration

<b>CHARITY COMMISSION USE ONLY:</b>	Organisation number	Case number
	<input type="text"/>	<input type="text"/>

Some of the information you give in this form will become publicly available on the Register of Charities in accordance with s.3 of the Charities Act 1993 as amended by the Charities Act 2006 - we have marked those fields with the symbol **P**.

Please see the separate **Guidance Notes** for help on all parts of the form, marked with the symbol **i**.

## **A** About the organisation seeking registration

### **A1** What is your organisation's name? **P** **i**

Main name

  
  

Working name/acronym

### **A2** Contact for the purpose of this application **i**

Full name

Address

  
  
  

Postcode

Email address

Telephone number

Alternative telephone number

 

### **A3** Assessing eligibility for registration **i**

Please confirm your organisation is required to register for all of the following reasons:

(a) it has a gross annual income of more than £5000 a year Yes  No

(b) it is not exempt or excepted from the requirement to register Yes  No

(c) it is governed by the laws of England and Wales Yes  No

**A3 Assessing eligibility for registration**



If you cannot confirm (a)-(c), please explain why in the box below.

Empty text box for explanation.

**A4 Operating in Scotland?**



(a) Is your organisation registered or will it be registering with the Office of the Scottish Charities Regulator (OSCR) as well? Yes  No

(b) If 'Yes' and already registered with OSCR, what is your OSCR registered number? S C

(c) Have you ever had an application rejected by the OSCR? Yes  No

If 'Yes', please explain why in the box below.

Empty text box for explanation.

**A5 Finance and funding**



(a) If your organisation has existed for more than a year **and** you have published accounts, please provide the gross income as recorded in the accounts £

(b) Otherwise please enter:

(i) the estimated gross income in the first year of operation £

(ii) the amount currently received £

(c) Financial year end date D D M M Y Y Y Y

(d) How has your organisation raised its funds and/or how does it intend to do so in future?

Empty text box for funding details.

(e) Do you intend to use professional fundraising consultants? Yes  No

**A6 Special circumstances**



Are there any special circumstances concerning your application that you wish to bring to our attention? (Please see the accompanying notes for the kind of information we would like to know.)

Empty text box for special circumstances.

**B1 Governing document**

Please indicate which type of governing document your organisation has by ticking ONE of the following boxes.

Constitution	<input type="checkbox"/>	Trust deed	<input type="checkbox"/>
Will	<input type="checkbox"/>	Act of Parliament	<input type="checkbox"/>
Memorandum and articles	<input type="checkbox"/>	Registered company number	<input type="text"/>
Other - please specify below	<input type="checkbox"/>	<input type="text"/>	

Date governing document became effective

D	D	M	M	Y	Y	Y	Y
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**B2 Complete ONLY if you have set up a company to replace an existing charity**

(a) What is the registered charity number of the existing charity?

(b) Is the wording of the objects clause exactly the same as the existing charity? Yes  No

If 'No', please explain why you have made the change.


**B3 Approved governing document**

Have you adopted an *approved governing document*? Yes  No

(a) If 'Yes', what is the name of the body that issued the approved governing document?

(b) Do you have permission to use this? Yes  No

(c) Are you using exactly the same wording as the approved governing document (other than filling any blanks or choosing between optional paragraphs)? Yes  No

(d) If you have made any changes to the wording of the approved governing document, please highlight these on the copy of your governing document that you send to us and explain why you have made the changes in the box below.


















## F Information required for the Register of Charities

If we decide that we can register your organisation as a charity then we need the following information for the Register of Charities.

### F1 Contact

i

(a) Complete this section if the contact is an individual

Otherwise complete part F1(b) below

Title	Honours and Qualifications
<input type="text"/>	<input type="text"/>
Personal names	
<input type="text"/>	
Family name	
<input type="text"/>	
Preferred name <b>P</b>	
<input type="text"/>	

(b) An organisation is the main contact

Organisation name <b>P</b>
<input type="text"/>
<input type="text"/>

### F2 Organisation's addresses

i

(a) Organisation's public address to be displayed on the register and used for correspondence **P**

Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

(b) Other addresses

Is the address at F2(a) the address from which the charity operates?

Yes  No

If 'No', please provide the operating address below

Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>



Select at least one category in each of the three sections to describe what the organisation will do. Please read the notes carefully before completing this.

(a) What does your organisation do?

General purposes	<input type="checkbox"/>	Education/training	<input type="checkbox"/>
Medical/health/sickness	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Relief of poverty	<input type="checkbox"/>	Overseas aid/famine relief	<input type="checkbox"/>
Accommodation/housing	<input type="checkbox"/>	Religious activities	<input type="checkbox"/>
Arts/culture	<input type="checkbox"/>	Sport/recreation	<input type="checkbox"/>
Animals	<input type="checkbox"/>	Environment/conservation/heritage	<input type="checkbox"/>
Economic/community/development/employment	<input type="checkbox"/>	Other or none of these	<input type="checkbox"/>

(b) Who does your organisation help?

Children/young people	<input type="checkbox"/>	Elderly/old people	<input type="checkbox"/>
People with disabilities	<input type="checkbox"/>	People of a particular ethnic or racial origin	<input type="checkbox"/>
Other charities/voluntary bodies	<input type="checkbox"/>	Other defined groups	<input type="checkbox"/>
The general public/mankind	<input type="checkbox"/>		

(c) How does your organisation operate?

Makes grants to individuals	<input type="checkbox"/>	Makes grants to organisations	<input type="checkbox"/>
Provides other finance	<input type="checkbox"/>	Provides human resources	<input type="checkbox"/>
Provides buildings/facilities/open space	<input type="checkbox"/>	Provides services	<input type="checkbox"/>
Provides advocacy/advice/information	<input type="checkbox"/>	Sponsors or undertakes research	<input type="checkbox"/>
Acts as an umbrella or resource body	<input type="checkbox"/>	Other or none of these	<input type="checkbox"/>

(a) If your organisation operates in more than ten local authority areas in England or Wales, select one of the options below. Otherwise complete part (b).

**Organisation operates:**

throughout London (more than ten London boroughs)	<input type="checkbox"/>
throughout England (more than ten local authority areas)	<input type="checkbox"/>
throughout Wales (more than ten local authority areas)	<input type="checkbox"/>
throughout England and Wales (more than ten local authority areas)	<input type="checkbox"/>

(b) If your organisation works in specific parts of England and Wales (or both) please specify which ones in the spaces below.

**Local authority area**

1	2
3	4
5	6
7	8
9	10

(c) If the organisation's funds or resources are used in any countries outside England and Wales, please list these. We only accept the country names listed in the guidance notes. Please attach a separate sheet if you operate in more than twelve countries.

**Country**

1	2
3	4
5	6
7	8
9	10
11	12

If your organisation is administered by a corporate trustee, please complete the corporate trustee's details.

**Corporate trustee name** P

**Address**

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

**Email address**

**Telephone number**













