



**TURKS AND CAICOS ISLANDS
COMPANIES ORDINANCE 1981
ANNUAL RETURN
FORM: NPC/AR1¹
NON PROFIT COMPANY (N P C'S)**

**TO REGISTRAR OF COMPANIES
TURKS AND CAICOS ISLANDS**

COMPANY DETAILS

COMPANY NAME:

REGISTRATION NUMBER:

REGISTERED OFFICE ADDRESS:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

ADDRESS OF CLUBHOUSE, STORE OR TRADING SPACE (IF APPLICABLE):

DATE OF LAST ANNUAL GENERAL MEETING AND PLACE HELD:
(dd/mm/yy)

DECLARATION

We (name of company) HEREBY DECLARE that:

1. Since the registration of the company as a non-profit company, all alterations to the Memorandum and Articles of Association have been notified to the Registrar of Companies; and
2. The provisions of Sections 97 (G) (1), 97 (M) (1) and 97 (N) have been and are being complied with.

3. CURRENT DIRECTORS

List the full name, addresses, occupation and appointment date for each Director.
(Please attach additional sheet where the number of Directors exceed the spacing allowed)

Full Name	Complete address	Occupation	Appointment Date (dd/mm/yy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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¹ This Form (NPC/AR1) is the form approved by the Financial Services Commission for the filing of Annual Returns pursuant to Section 97P of the Companies Ordinance (inserted by the Companies (Amendment) Ordinance 2012 – Ordinance 36 of 2012)

4. PERSONS CEASED AS DIRECTORS:

List the full name, addresses, occupation, appointment date and date on which each person ceased to be a Director.
(Please attach additional sheet where the number of persons ceased as Directors exceed the spacing allowed)

Full name	Complete address	Occupation	Appointment Date (dd/mm/yy)	Date when ceased to be a Director (dd/mm/yy)

AUDIT REQUIREMENTS

Please indicate accordingly:

5. Date of Financial Year End:

6. Total Assets at Year End (US\$):

7. Total Liabilities at Year End (US\$):

8. Gross Revenue for last financial year (US\$):

9. Are Accounts Audited?

Yes

No

(Section 97N require an annual audit of the books and accounts if Revenue is over \$250,000 in any year)

10. If audited please state name and address of Auditor and date of Auditor's report:

(a) Name of Auditor:

(b) Address of Auditor:

(c) Date of Auditor's Report:

11. If Revenue less than \$250,000.00 and accounts are unaudited was there an **unanimous** resolution by members at the last

Annual General Meeting not to appoint an Auditor:

Yes

No

(Please attach a copy of the Resolution or Minutes if answer above is "yes")

Details of person signing on behalf of the company:²

Name:

Job Title/Position:

Signature:

Date:

FOR OFFICIAL USE ONLY

Date Received:

Received By:

Fee of \$150.00 paid:

Yes

No

Audited Accounts Received:

Yes

No

N/A

Audit Resolution Received:

Yes

No

N/A

Notes:

² A Director or Authorised Officer of the NPC shall sign the Return.