**AMENDMENTS OF CHARITABLE ASSOCIATION**

**(INCORPORATION) ACT [CAP140]**

**ANNUAL REPORT**

**(Section 8A)**

**ASSOCIATION Committee (Inc.)**

The Annual Report due date is on the ………. day of ……………… 20… *(being the anniversary of the incorporation of the charitable association).*

1. The name of the Charity is: ASSOCIATION Committee (Inc.).
2. The Charity number is:

1. The registered Committee members of the Charity are:

|  |  |
| --- | --- |
| **Names** | **Resident or Non-resident Status** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. During the preceding year, the Committee undertook activities in the following sectors (Please tick which is/are appropriate):

Religious

Educational

Cultural

Scientific

Sports

General Social Welfare & Community Development

Political Party

Others (Please specify below)

1. The total net surplus of the Charity is VUV and the breakdown is as follows: *(provided with certified bank statements)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income Statement** | | | | |
| **Incomes/receipts** | | **Expenses/payments** | | |
| 1. Government grants: | | a. Employee expenses payment: | | |
| Descriptions | Amount | Descriptions | | Amount |
|  |  |  |  | |
| b. Donations and bequests: | | b. Grants and donations made by the entity outside or within Vanuatu as per the entry’s objectives: | | |
| Descriptions | Amount | Descriptions | | Amount |
|  |  |  | |  |
| c. Other income receipts: | | c. Other expenses payments: | | |
| Descriptions | Amount | Descriptions | | Amount |
|  |  |  |  | |
| **Total Income** |  | **Total Expenses** | |  |
| **Net Surplus** |  |

1. The Charity has and maintained a Balance Sheet of the following assets and liabilities as follows.

|  |  |  |  |
| --- | --- | --- | --- |
| **Balance Sheet** | | | |
| **Assets** | | **Liabilities** | |
| Description | Value | Description | Value |
|  |  | 1. |  |
|  |  | 2. |  |
|  |  | 3. |  |
|  |  | 4. |  |
|  |  | 5. |  |
|  |  | 6. |  |
|  |  | 7. |  |
|  |  | 8. |  |
|  |  | 9. |  |
|  |  | 10. |  |
|  |  | 11. |  |
|  |  | 12. |  |
|  |  | 13. |  |
| **Total assets** |  | **Total Liabilities** |  |
| **Net assets** |  | **Net Liabilities** |  |

1. The sources of funds of the Charity over the last year are as follows.

|  |  |
| --- | --- |
| **Names and Address** | **Occupations** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. The recipients of funds are as follows.

|  |  |
| --- | --- |
| **Names and Address** | **Occupations** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*(If there are more than 6* recipients *please attach a separate list with this form)*

*(Where* recipients *are legal persons, natural persons owning such entities must also   
 be provided).*

I, whose name and addresses is herein stated am a committee member of Association Committee (Inc.) and I attest to the legitimacy of all information and supporting documentary evidence provided in this Annual Report on behalf of the Association Committee (Inc.) and agree that I will be held responsible and liable for any information that is false. *(Must be an executive member who is a citizen and or a permanent resident of Vanuatu).*

Name, address Signature Name of Witness Signature

*Please indicate below the appropriate residential status.*

Vanuatu Citizen, or

Permanent Resident

Dated this of 201