## Vanuatu Financial Services Commission

## Form 1 | Application for incorporation of the Committee of a Charitable Association

Section 4 Charitable Associations (Incorporation) Act [Cap. 140]

## Note

If there is insufficient space on the form to supply the required information, attach a separate sheet containing the information set out in the prescribed format.

Document number	
F	Place barcode here

The information on this form mus	t be either typewritten or printed legibly.	
1. The name of the commoton Note: The name must end in 'Commotor's common name must end in 'Commotor's common name and the com	nittee when incorporated will be: Committee (Inc.)'	
2. Addresses		
Registered Office This must be a physical address in Vanuatu at which any legal process can be served.		
	Province or Municipality:	
Postal address of the Association (if any) Postal address to which communications from the Registrar may be sent (this may		
be the same as the registered office only if the postal service delivers to that address).	Province or Municipality:	
Email address:		
3. Committee Members		
Full name:		Occupation:
Usual residential address:		Nationality:
Email address:		Nationality.
Date of election/appointment*:		Gender:
Full name:		Occupation:
Usual residential address:		Nationality:
Email address:		Nationality.
Date of election/appointment*:		Gender:
Full name:		Occupation:
Usual residential address:		
Email address:		Nationality:
Date of election/appointment*:		Gender:

<sup>\*</sup> The members must have been elected/appointed in accordance with the articles/rules/constitution of the association. The Registrar may require evidence confirming the validity of the election/appointment.

## Form 1 – Application for incorporation of the Committee of a Charitable Association (cont)

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Full name:	Occupation:
Usual residential address:	Nationality:
Email address:	Nationality.
Date of election/appointment*:	Gender:
Full name:	Occupation:
Usual residential address:	Nationality
Email address:	Nationality:
Date of election/appointment*:	Gender:
Full name:	Occupation:
Usual residential address:	Nationalian
Email address:	Nationality:
Date of election/appointment*:	Gender:
i. Applicant signatures	
By signing below, the applicant(s) declares to the best of their k  The application must be signed by not less than half of t	knowledge and belief that the information provided in this application is correct the members of the Committee making the application (eg if there are 6 members, it n
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<ul> <li>Sy signing below, the applicant(s) declares to the best of their least.</li> <li>The application must be signed by not less than half of the signed by at least 3 members.</li> </ul>	
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The application must be signed by not less than half of t signed by at least 3 members).  Full legal name of applicant*:  Date:  Date:	Full legal name of applicant*:  Signature:

 $\ensuremath{\mathsf{A}}$  statement of the assets and liabilities of the association signed by the applicants.

Form 1 – Application for incorporation of the Committee of a Charitable Association (cont)  A certified copy of the articles/rules/constitution which includes:
The manner of appointment and removal of committee members;
The manner of changing the articles/rules/constitution;
The manner of dissolving the association;
<ul> <li>The manner of disposal of assets on dissolution or cancellation of certification of incorporation.</li> </ul>
Please deliver documents to Vanuatu Financial Services Commission, Companies House, Rue Bougainville, PMB 9023, Port Vila, Efate, Vanua