VANUATU FINANCIAL SERVICES COMMISSION

ULTIMATE BENEFICIAL OWNER (UBO) DECLARATION FORM FOR CHARITABLE ASSOCIATIONS

PART 1 – ASSOCIATION DETAILS

Registration Number: Name of Charitable Association: Date of Incorporation:	Registered Office Address: Foreign Funding Received? ☐ Yes ☐ No If Yes, State Source:

PART 2 – IDENTIFICATION OF CONTROLLING PERSONS

UBO CATEGORY

☐ President / Chairperson ☐ Secretary ☐ Treasurer ☐ Bank Signatory ☐ Other Controller	☐ Founder ☐ Religious Leader ☐ Community Leader ☐ Donor Exercising Significant Control

CONTOLER DETAILS

The person: Date person became controller:

☐ Exercises ultimate control over the Association ☐ Has authority over financial decisions ☐ Has authority over banking transactions ☐ Chairs the meetings	☐ Can appoint or remove committee members ☐ Directs activities or projects of the Association ☐ Exercises significant influence over management

PERSONAL DETAILS

First Name:

Last Name:

Date of Birth:

Nationality:

Gender:

National ID/Passport Number:

Occupation:

Residential Address:

Postal Address:

Telephone:

Email:

Is a Politically Exposed Person (PEP) ☐ Yes ☐ No

PART 3 – ADDITIONAL CONTROLLERS

Does any non-committee member exercise significant influence or control? ☐ Yes ☐ No

Name:

Position or Role:

Nature of Control:

Country:

PART 4 – UBO BANKING DETAILS

Name of Bank:
Account Name:
Account Number:
Authorised Signatories:

PART 5 – RISK INDICATORS

Receive overseas donations?	☐ Yes ☐ No
Transfer funds overseas?	☐ Yes ☐ No
Have foreign committee members?	☐ Yes ☐ No
Operate outside Vanuatu?	☐ Yes ☐ No
Support activities in conflict areas?	☐ Yes ☐ No
Provide assistance to foreign beneficiaries?	☐ Yes ☐ No

UBO DECLARATION AND UNDERTAKING

I/We hereby declare that the information provided in this declaration is true and accurate.

I/We understand that the Vanuatu Financial Services Commission may request additional supporting documentation to verify any information contained in this declaration.

I/We undertake to notify the VFSC within 14 days of any change affecting the beneficial ownership or control of the Association.

I/We acknowledge that knowingly providing false or misleading information may result in regulatory action.

Name: _____

Position: _____

Signature: _____

Date: _____

DOCUMENTS TO BE PROVIDED

- ☐ ID or or Passport (If foreigner)
- ☐ Police Clearance (If foreigner)
- ☐ Source of funds (Bank statement or declaration)
- ☐ Proof of residence.
- ☐ Prescribed fee