Please complete this form electronically when possible. If your form is illegible it may be returned.

GOVERNMENT OF BERMUDA

You can access our Guidance Notes on this form HERE.

CHARITIES ACT 2014
FIRST TIME APPLICATION TO REGISTER AS A CHARITY

This information is being collected to determine the suitability of organizations and associated persons for initial registration under the Charities Act 2014. Questions about this Form or the collection of the information can be directed to the Registrar General at the address below, via email at charityinfo@gov.bm or via telephone at (441) 246-8949.

RETURN THIS FORM TO: The Registrar General
Government Administration Building, 1st Floor
30 Parliament Street
Hamilton HM 12 Email: charityinfo@gov.bm

1. Name of Charity:

2. Phone Number:	**3. Email Address:**
4. Address of charity (street address):	**5. Mailing address (if different from street address):**

6. Financial Year End:

7. If you are a company limited by guarantee please provide your company registration number and details on your Members:

8. If the charity has a trading subsidiary or subsidiaries please list them below or indicate N/A (a trading subsidiary is a company owned and controlled by the charity to trade on its behalf):

9. If the charity has a trade name please provide it below or indicate N/A:

10. Please select only one primary charitable purpose that best describes your charity and (if applicable) only one secondary charitable purpose (follow the link HERE for guidance):

	Primary	Secondary		Primary	Secondary
• The prevention of relief of poverty	☐	☐	• The advancement of sport	☐	☐
• The advancement of education	☐	☐	• The advancement of the arts, culture, heritage or science	☐	☐
• The advancement of religion	☐	☐	• The advancement of animal welfare	☐	☐
• The advancement of health or the saving of lives	☐	☐	• The relief of those in need because of youth, age, ill-health, disability, financial hardship or other disadvantage	☐	☐
• The advancement of citizenship or community development	☐	☐	• The advancement of environmental protection or improvement	☐	☐
• The advancement of human rights, conflict resolution or reconciliation, or the promotion of religious or racial harmony or equality and diversity	☐	☐	• The promotion of the efficiency of the armed forces of the Crown or of the efficiency of the police, fire and rescue services or ambulance services	☐	☐
• The provision of recreational or similar facilities in the interests of social welfare	☐	☐	• Recreational and similar facilities	☐	☐

11. GENERAL OBLIGATIONS

a) Does the organization intend to work with persons who are considered vulnerable because of their age, physical or mental ability, or ill health?

b) If you answered **YES** to question a), are you in compliance with the Vulnerable Persons Policy Document that has been issued by the Registrar General and Charities Commissioners for charities? (Available **HERE**)

c) Are you familiar with the reporting obligations of charities under the Charities Act 2014 and the Charities Regulations 2014? These include:
- Annual accounts within 6 months of the financial year end (Section 37)
- Annual reports within 6 months of the financial year end (Section 38)
- Notification of any changes to the charity's trustees, address, or other particulars within 30 days (Section 17)
- Annual fees and other fees payable

d) Have you included the following supporting documentation with your application?
- A copy of the charity's governing documents, which must include:
  - i. A dissolution clause stating that if the charity is wound up, its net assets will be transferred to another charity having similar purposes.
  - ii. A bank mandate requiring that financial transactions be approved by at least two independent trustees.
  - iii. Signed Trustee Declaration Forms for each trustee/board member.
  - iv. Vulnerable Persons Policy (only required if organization intends to work with persons who are considered vulnerable – children, elderly, disabled persons..)

12. LIST ALL TRUSTEES, DIRECTORS AND PRINCIPAL OFFICERS OF THE CHARITY	
Official Title:	
Name:	
Official Title:	
Name:	
Official Title:	
Name:	
Official Title:	
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Official Title:	
Name:	

13. Please identify the primary objectives of your charity and its main beneficiaries:

14. Please identify the nature of any fundraising activities, projects and programmes that the charity intends to engage in:

15. Please state the purpose for which the proceeds of any fundraising activities are intended to be applied:

16. Please explain how the charity's objectives and aims are of benefit to the public. You may wish to refer to the "Guidance on Charitable Purposes and Public Benefit" document issued by the Registrar General and Charity Commissioners, which is available HERE:

17. In the last 5 years, have any of the charity's trustees, directors, or principal officers, whether under the laws of Bermuda or any other jurisdiction:	
a) been charged or convicted of an offence (excluding traffic violations) under any criminal law or other law in force?	Select
b) been the subject of, or convicted in any regulator, civil, or other action or proceeding?	Select
c) been the subject of bankruptcy or receivership proceedings?	Select
d) been the subject of a court judgment or writ, or failed to satisfy a judgment or writ?	Select
e) had a business license or registration refused, suspended, or cancelled?	Select
18. If the answer is YES to any of the questions above, please provided details (attach a separate sheet if necessary):	

We, being two trustees of the applicant charity, hereby certify that the particulars contained in this application for registration under the Charities Act 2014 are true and correct to the best of our knowledge and belief.

Signature _____ Date _____

Print Name _____

Position in Charity _____

Signature _____ Date _____

Print Name _____

Position in Charity _____

Updated 14 September 2026

19. LIST ALL TRUSTEES, DIRECTORS AND PRINCIPAL OFFICERS OF THE COMPANY			
Official Title:			
Name:			
Street Address:			
Phone:	(C):	(H):	Email:
Official Title:			
Name:			
Street Address:			
Phone:	(C):	(H):	(Email:)
Official Title:			
Name:			
Street Address:			
Phone:	(C):	(H):	(Email:)
Official Title:			
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Phone:	(C:	(H):	(Email):
Official Title:			
Name:			
Street Address:			
Phone:	(C):	(H):	(Email):
Official Title:			
Name:			
Street Address:			
Phone:	(C)	(H):	(Email):

Please note the information contained in this section will not form part of the public charity file and will be used only for internal regulatory purposes.