



GOVERNMENT OF BERMUDA

CHARITIES ACT 2014

APPLICATION FOR A TEMPORARY FUNDRAISING LICENCE

This information is being collected to determine the suitability of organizations and persons being granted a temporary fundraising license 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 246-8949.

RETURN THIS FORM TO:		The Registrar General Government Administration Building, 1 st Floor 30 Parliament Street Hamilton HM 12		Email: charityinfo@gov.bm	
1. Name of Applicant:					
2. Phone Number:		3. Email Address:			
4. Address of Applicant (street address):		5. Mailing address (if different from street address):			
6. Please select <u>only one</u> primary purpose that best describes your fundraising activities and (if applicable) <u>only one</u> secondary purpose (follow the link HERE for guidance):					
	Primary	Secondary		Primary	Secondary
• The prevention of relief of poverty	<input type="checkbox"/>	<input type="checkbox"/>	• The advancement of sport	<input type="checkbox"/>	<input type="checkbox"/>
• The advancement of education	<input type="checkbox"/>	<input type="checkbox"/>	• The advancement of the arts, culture, heritage or science	<input type="checkbox"/>	<input type="checkbox"/>
• The advancement of religion	<input type="checkbox"/>	<input type="checkbox"/>	• The advancement of animal welfare	<input type="checkbox"/>	<input type="checkbox"/>
• The advancement of health or the saving of lives	<input type="checkbox"/>	<input type="checkbox"/>	• The relief of those in need because of youth, age, ill-health, disability, financial hardship or other disadvantage	<input type="checkbox"/>	<input type="checkbox"/>
• The advancement of citizenship or community development	<input type="checkbox"/>	<input type="checkbox"/>	• The advancement of environmental protection or improvement	<input type="checkbox"/>	<input type="checkbox"/>
• The advancement of human rights, conflict resolution or reconciliation, or the promotion of religious or racial harmony or equality and diversity	<input type="checkbox"/>	<input type="checkbox"/>	• 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	<input type="checkbox"/>	<input type="checkbox"/>
• The provision of recreational or similar facilities in the interests of social welfare	<input type="checkbox"/>	<input type="checkbox"/>	• Recreational and similar facilities	<input type="checkbox"/>	<input type="checkbox"/>

Please list the details below of the individual who will act as the Responsible Custodian of the funds being raised. This individual should be independent of the Applicant (i.e. not living at the same address or an immediate family member)

7. Name of Responsible Custodian:	
8. Phone Number:	9. Email Address:
10. Address of Responsible Custodian (street address):	11. Mailing address (if different from street address):

All fields on this page **MUST** be completed:

12. Please identify the main purposes for which this temporary licence is to be granted:

13. Please identify the nature of any fundraising activities, projects and programmes that are proposed to be undertaken in furtherance of the stated main purposes:

14. Please state the specific purposes for which the proceeds of any fundraising activities are intended to be applied and identify the proposed beneficiaries:

We, being respectively the Applicant and Responsible Custodian, 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.

We undertake to provide the Registrar General with a revenue and expenses report in relation to fundraising carried out under the temporary licence within two months of the expiration of the licence, as required under section 43(6) of the Charities Act 2014.

Signature of Applicant

Date

Print Name

Signature of Responsible Custodian

Date

Print Name