

MINISTRY OF SOCIAL TRANSFORMATION, YOUTH AND SPORTS

APPLICATION FOR REGISTRATION

NAME OF FBO:

MAILING ADDRESS OF LOCAL FBO:	ADDRESS OF REGULAR MEETING PLACE:	DATE ESTABLISHED IN SAINT LUCIA:		
		DAY	MONTH	YEAR

CONTACT INFORMATION: TEL #..... MOBILE#..... FAX#..... E-MAIL:.....	Incorporated:	Yes	No	Number of Congregations: Names of Congregations:

NAME (S) OF PERSON HEADING THE FBO:

LAST NAME
FIRST NAME
OTHER NAME(S)

PLACE OF BIRTH:.....		SOCIAL SECURITY NO. :.....								
NATIONALITY:.....		GENDER: <table border="1" style="display: inline-table; margin-left: 10px;"> <tr> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">F</td> </tr> </table>			M	F				
M	F									
CIVIL STATUS OFFICER:	YES	NO	DATE APPOINTED (IF APPLICABLE):	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; text-align: center;">DAY</td> <td style="width: 20px; text-align: center;">MONTH</td> <td style="width: 20px; text-align: center;">YEAR</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR								
CONTACT INFORMATION: TEL #..... MOBILE#..... FAX#..... E-MAIL:.....		PLACE OF RESIDENCE (ADDRESS):								
		SOURCES OF INCOME:								
NAME OF SIGNATOREE (S)				SIGNATURE OF SIGNATOREE (S)						
1										
2										

