

# APPLICATION TO REGISTER A CHARITY UNDER THE *INCOME TAX ACT*

With the exception of the information to be provided in Part 6 of this application, the Canada Customs and Revenue Agency is permitted to make all of this form (including any attachments) available to the public if the application is approved and the organization becomes registered. The Canada Customs and Revenue Agency is also allowed to provide copies of the registration letter, including any conditions and warnings contained therein. If registration is denied, however, all of the information you provide remains confidential.

Please read the instructions in the companion publication *Registering a Charity for Income Tax Purposes*. You will need the information in the guide to complete this form properly. To help you, the numbers for the questions on the form correspond with the numbers in Section II of the guide. Terms printed in bold on the form are defined in the Glossary on page 4 of *Registering a Charity for Income Tax Purposes* or are explained in the information that is provided in the guide for each question.

It is important to complete this form carefully. The Charities Directorate needs accurate information to evaluate an application properly. When a question is not relevant to the organization's situation, check box N/A (not applicable), or indicate N/A in the space provided. If the required information and documents are not included, **we may return the application without reviewing it.**

It is a serious offence under the *Income Tax Act* to provide information which is known to be false or deceptive.

## Part 1 – Identification of applicant

<b>Q1</b>	<b>Current legal name of the organization</b>					
<b>Q2</b>	<b>Current operational or trade name</b>	<input type="checkbox"/> N/A				
<b>Q3</b>	<b>Previous names</b> – List any other names under which the organization has operated.	<input type="checkbox"/> N/A				
<b>Q4</b>	<b>Business Number (BN)</b> Indicate the organization's business number (BN) accounts if any have been assigned.	<input type="checkbox"/> N/A				
	<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;">RC</td> <td style="border: 1px solid black; width: 25%; text-align: center;">RM</td> <td style="border: 1px solid black; width: 25%; text-align: center;">RP</td> <td style="border: 1px solid black; width: 25%; text-align: center;">RT</td> </tr> </table>	RC	RM	RP	RT	
RC	RM	RP	RT			
<b>Q5</b>	<b>Mailing address</b>					
	<p>_____ (number, street, room, floor or suite no., R.R.)</p> <p>_____ (city or town) _____ (province) _____ (postal code)</p> <p>( ) ( ) _____ (phone number) _____ (fax number) _____ (E-mail address)</p>					
<b>Q6</b>	<b>Previous contact</b> Did the organization formerly apply to be registered as a charity, or has it previously written to the Charities Directorate on any other matter? <input type="checkbox"/> Yes <input type="checkbox"/> No (go to Q7) If yes, provide any reference number the Directorate used in its reply. _____					

Do not use this area	
Business Number (BN):	Reference number:
Submission number:	Effective date of registration: <input type="checkbox"/> N/A



**Q10 Governing document**

Is the organization incorporated?

- Yes (go to Q10A, Q10A.1 and Q10C)       No (go to Q10B and Q10C)

**A** Incorporated (Attach a clear copy of the entire set of incorporating documents, as well as a copy of all amendments).

**A.1** Certificate of good standing or its equivalent (see page 13 of the guide)

- Included       N/A

**B** Not incorporated

Indicate below the type of governing documents the organization has and attach a clear copy, along with a copy of all amendments. **The constitution or trust deed and amendments, should be signed and dated by three current directors or trustees.**

- constitution       trust deed       will       other (specify) \_\_\_\_\_

**C** By-laws

In addition to its constituting documents, has the organization created by-laws to govern other internal matters?

- Yes** (Attach a clear copy of the document and all amendments. This document, as well as all amendments must bear an effective date and be signed and dated by two directors or trustees)

- No (go to Q11)**

**Q11 Ownership**

Does the organization currently own any real property (i.e., land or buildings) or does it have any future plans to own real property?

- Yes       No (go to Q12)

If yes, identify any current property and title-holding arrangements, as well as proposed title-holding arrangements for future property.

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**Q12 Designation**

i) Has the organization been formed for the purpose of giving more than 50% of its income to **qualified donees** (e.g., other registered charities)?

- Yes       No (go to Q12ii)

ii) Are 50% or more of the **directors/trustees** names in Q.8 above not **at arm's length** with any of the other **directors/trustees**?

- Yes       No (go to Q12iii)

If yes, identify the relationships that exist among the directors/trustees.

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iii) Has the organization received, or will it receive, more than 50% of its funds or assets from one source, or from a group of persons who are not **at arm's length** with each other?

- Yes       No (go to Q13)

If yes, identify the source of the funds or assets and any relationships among donors.

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C How do these activities help to achieve the organization's purposes?

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D Give the approximate percentage of the organization's total human, financial, and physical resources that it will devote to its political activities.

\_\_\_\_\_ % Human resources  
\_\_\_\_\_ % Financial resources  
\_\_\_\_\_ % Physical resources

**Q15 Occasional fund-raising**

Does the organization intend to have occasional fund-raising events, such as auctions, concerts, or bingos?

Yes       No (go to Q16)

If yes, briefly describe these events, indicate how many times a year the organization will hold each event, and estimate the percentage of the people involved who will be volunteers.

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**Q16 Regular fund-raising**

Does the organization intend to develop a program for soliciting donations (e.g., through an ongoing mail campaign)? Or will it sell goods on a regular basis (e.g., videos or used clothing)? Or does the organization plan to raise funds through regular events such as weekly bingos, or charge fees on a regular basis for its services (e.g., tuition or counselling)?

Yes       No (go to Q17)

If yes, provide details about any donor development program, describe the kinds of goods and services that the organization intends to sell or provide on a continuing basis, and estimate the percentage of the people involved in these regular fund-raising activities who will be volunteers.

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**Q17**

Next complete fiscal period:

Year			Month			Day			to			Year			Month			Day		

In the following section, you have to develop a proposed budget or estimate of **receipts** and **disbursements** and a list of anticipated assets and liabilities for the organization's next complete fiscal period. **All applicants (both those already operating and those not yet operating) must complete this section.** Organizations which have been in operation for over a year must also attach financial statements (see question 23).

**Proposed Budget for the next complete fiscal period**

**Receipts and disbursements**

**A. Receipts**

Indicate the total (gross) dollar amounts or N/A (Record amounts **once** only)

Gifts from individuals **001** \_\_\_\_\_  N/A

Gifts from corporations and businesses (provide name if known) **002** \_\_\_\_\_  N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts from other registered charities (provide name if known) **003** \_\_\_\_\_  N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fundraising activities carried on by the organization itself **not already included above.** **004** \_\_\_\_\_  N/A

Fundraising activities carried on through other organizations **not already included above. Copies of any proposed or existing contracts should be attached.** **005** \_\_\_\_\_  N/A

Attached  N/A

Government grants or contracts **006** \_\_\_\_\_  N/A

Describe receipts from any other sources of income **not already included above** **007** \_\_\_\_\_  N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total estimated receipts from all sources** **012** \_\_\_\_\_  N/A  
(Add lines 001-007)

**B. Disbursements**

Charitable programs  
(Please identify program and approximate amount)

013 \_\_\_\_\_  N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gifts to **qualified donees** (identify recipient, and registration number where applicable)

014 \_\_\_\_\_  N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fundraising activities carried on by the organization itself

015 \_\_\_\_\_  N/A

Fundraising activities carried on by other organizations on the charity's behalf (provide name of fundraising organization)

016 \_\_\_\_\_  N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Management and administration**

Remuneration and benefits **not already included**  
Accounting and legal services  
Occupancy costs **not already included**  
Supplies and equipment **not already included**  
Printing, publications **not already included** (describe)

017 \_\_\_\_\_  N/A  
018 \_\_\_\_\_  N/A  
019 \_\_\_\_\_  N/A  
020 \_\_\_\_\_  N/A  
021 \_\_\_\_\_  N/A

\_\_\_\_\_

\_\_\_\_\_

Social events **not already included** (describe)

022 \_\_\_\_\_  N/A

\_\_\_\_\_

\_\_\_\_\_

Other disbursements (describe)

023 \_\_\_\_\_  N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total estimated disbursements**  
(Add lines 013 to 023)

029 \_\_\_\_\_  N/A



**C. Foreign disbursements**

Will any of the organization's disbursements accounted for in Part B above be used for programs outside Canada?

**Yes**       **No (go to Q17D)**

If yes, list the locations and the amounts to be spent in each location.

Location	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Assets and liabilities**

**D. Assets**

Cash on hand or in bank accounts 030 \_\_\_\_\_  N/A

Investments  
(e.g., bonds, stocks, guaranteed term deposits) 031 \_\_\_\_\_  N/A

Fixed assets  
(specify – e.g., equipment, land, buildings, vehicles, inventory)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

032 \_\_\_\_\_  N/A

**Total assets** 035 \_\_\_\_\_  
(Add lines 030-032)

**E. Liabilities**

Mortgages, loans, and notes payable (specify)

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036 \_\_\_\_\_  N/A

Other amounts payable (specify)

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037 \_\_\_\_\_  N/A

**Total liabilities**

(Add lines 036 and 037)

040 \_\_\_\_\_

**Q18 Financial transactions with directors/trustees, founders, etc.**

Has the organization entered into (or does it propose to enter into) financial, real estate, or other transactions with a director/trustee, founder, member, employee, or with anyone or any organization related to these people?

Yes       No (go to Q19)

If yes, provide details.

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**Q19 Business address or physical location of organization**

Same as mailing address (Q5) or:

\_\_\_\_\_  
(number, street, room, floor or suite no., lot no., concession)

\_\_\_\_\_  
(city or town, province, and postal code)

(     ) \_\_\_\_\_  
(phone number)

(     ) \_\_\_\_\_  
(fax number)

**Q20 Physical location of books and records**

Same as mailing address (Q5)    or     Same as business address (Q19) or:

\_\_\_\_\_  
(number, street, room, floor or suite no., lot no., concession)

\_\_\_\_\_  
(city or town, province, and postal code)

(     ) \_\_\_\_\_  
(phone number)

(     ) \_\_\_\_\_  
(fax number)

**Q21 Authorized Representative/Contact Person**

Name: \_\_\_\_\_

Full mailing address: \_\_\_\_\_

\_\_\_\_\_  
(number, street, room, floor or suite no., lot no., concession)

\_\_\_\_\_  
(city or town, province, and postal code)

(     ) \_\_\_\_\_  
(phone number)

(     ) \_\_\_\_\_  
(fax number)

**Q22 Confidential information about directors/trustees**

Director/Trustee i) Name: \_\_\_\_\_

Complete home address: \_\_\_\_\_

\_\_\_\_\_  
(number, street, room, floor or suite no., R.R.)

\_\_\_\_\_  
(city or town, province, and postal code)

(     ) \_\_\_\_\_  
(phone number)

Occupation/line of work: \_\_\_\_\_

Director/Trustee ii) Name: \_\_\_\_\_

Complete home address: \_\_\_\_\_

\_\_\_\_\_  
(number, street, room, floor or suite no., R.R.)

\_\_\_\_\_  
(city or town, province, and postal code)

(     ) \_\_\_\_\_  
(phone number)

Occupation/line of work: \_\_\_\_\_

Director/Trustee iii) Name: \_\_\_\_\_  
Complete home address: \_\_\_\_\_  
\_\_\_\_\_  
(number, street, room, floor or suite no., R.R.)  
\_\_\_\_\_  
(city or town, province, and postal code)  
\_\_\_\_\_  
( ) \_\_\_\_\_  
(phone number)  
Occupation/line of work: \_\_\_\_\_

Director/Trustee iv) Name: \_\_\_\_\_  
Complete home address: \_\_\_\_\_  
\_\_\_\_\_  
(number, street, room, floor or suite no., R.R.)  
\_\_\_\_\_  
(city or town, province, and postal code)  
\_\_\_\_\_  
( ) \_\_\_\_\_  
(phone number)  
Occupation/line of work: \_\_\_\_\_

Director/Trustee v) Name: \_\_\_\_\_  
Complete home address: \_\_\_\_\_  
\_\_\_\_\_  
(number, street, room, floor or suite no., R.R.)  
\_\_\_\_\_  
(city or town, province, and postal code)  
\_\_\_\_\_  
( ) \_\_\_\_\_  
(phone number)  
Occupation/line of work: \_\_\_\_\_

Director/Trustee vi) Name: \_\_\_\_\_  
Complete home address: \_\_\_\_\_  
\_\_\_\_\_  
(number, street, room, floor or suite no., R.R.)  
\_\_\_\_\_  
(city or town, province, and postal code)  
\_\_\_\_\_  
( ) \_\_\_\_\_  
(phone number)  
Occupation/line of work: \_\_\_\_\_

Director/Trustee vii) Name: \_\_\_\_\_  
Complete home address: \_\_\_\_\_  
\_\_\_\_\_  
(number, street, room, floor or suite no., R.R.)  
\_\_\_\_\_  
(city or town, province, and postal code)  
\_\_\_\_\_  
( ) \_\_\_\_\_  
(phone number)  
Occupation/line of work: \_\_\_\_\_

Director/Trustee viii) Name: \_\_\_\_\_  
 Complete home address: \_\_\_\_\_  
 \_\_\_\_\_  
 (number, street, room, floor or suite no., R.R.)  
 \_\_\_\_\_  
 (city or town, province, and postal code)  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 (phone number)  
 Occupation/line of work: \_\_\_\_\_

Director/Trustee ix) Name: \_\_\_\_\_  
 Complete home address: \_\_\_\_\_  
 \_\_\_\_\_  
 (number, street, room, floor or suite no., R.R.)  
 \_\_\_\_\_  
 (city or town, province, and postal code)  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 (phone number)  
 Occupation/line of work: \_\_\_\_\_

Director/Trustee x) Name: \_\_\_\_\_  
 Complete home address: \_\_\_\_\_  
 \_\_\_\_\_  
 (number, street, room, floor or suite no., R.R.)  
 \_\_\_\_\_  
 (city or town, province, and postal code)  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 (phone number)  
 Occupation/line of work: \_\_\_\_\_

Director/Trustee xi) Name: \_\_\_\_\_  
 Complete home address: \_\_\_\_\_  
 \_\_\_\_\_  
 (number, street, room, floor or suite no., R.R.)  
 \_\_\_\_\_  
 (city or town, province, and postal code)  
 \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 (phone number)  
 Occupation/line of work: \_\_\_\_\_

**Q23 Financial statements**

If the organization has been operating for over a year, attach a separate copy of its most recent **financial statements**.

Included     N/A

**Enclosure checklist**

Have you included:

- the parent organization’s certificate, if applicable (see Q9)?
- a copy of the governing document accompanied, if applicable, by a copy of all amendments (see Q10A)? If the organization is not incorporated, remember to have a copy of a constitution or trust deed signed by three current directors/trustees (see Q10B).
- a certificate of good standing, if applicable (see Q10A.1)?
- a copy of the by-laws, if any (see Q10C)?
- a detailed account of activities (see Q13A)?
- a copy of minutes, newspaper cuttings, pamphlets, fund-raising materials, etc. (see Q13B)?
- a copy of the latest financial statements, if applicable (see Q23)?

**CERTIFICATION**

**(to be completed by two persons authorized to sign on behalf of the organization)**

I certify that the information given on this form and in all attached documentation is, to the best of my knowledge, correct and complete.

<b>Signature</b>	1. _____	2. _____
<b>Name (please print)</b>	_____	_____
<b>Position within organization</b>	_____	_____
<b>Date signed</b>	_____	_____

**ONCE COMPLETED THIS APPLICATION SHOULD BE MAILED TO:**

**CHARITIES DIRECTORATE  
CANADA CUSTOMS AND REVENUE AGENCY  
OTTAWA ON K1A 0L5**