Please complete in black ink and Capital Letters

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| **PART I Organization Details** |
|  | Type of Registration ( Please Tick only one) |  [ ] New Registration  |
|  | Type of NGO( Please Tick only one)) |  [ ] International Non-governmental organization (INGO) |
|  | Full Name of the Organization  |  |
|  |
|  | Name of the Organization (Short form /ACRONYM) |  |
|  | Legal Status in Country of Origin. |  |
|  | Address in *Country of origin* |  |
| Tell: Fax: Email: |
|  | Main Address *in Somaliland* |  |
| Tell: Fax: Email: |
|  | Name of the Country Director |  |
|  |
|  | Contact Details (*if different from above*) | Tell: Fax: Email: |
|  | Name of Somaliland Representative *(if different from 8)* |  |
|  | Date of Organization’s entry into Somaliland |  |
| **Previous Registration from Somaliland : Yes** **[ ]  No** **[ ]** If yes, please write the date of registration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Branch Offices in Somaliland | **Region District****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **PART II**  |
| 1. **Other developing countries where the agency is working or has worked:** *(submit to the Ministry any Annual Reports or other descriptive information on such activities)*
 |
| 1. **Sector(s) of proposed activity to be engaged in:**
 |
| Health | [ ]  |  ICT  | [ ]  |  Other Please *specify:* |  [ ]   |
| Education and Training  | [ ]  | Governance | [ ]  |   |
| Water and Sanitation | [ ]  |  Infrastructure | [ ]  |  |   |
| Production and Environment | [ ]  | Employment and Social Development  | [ ]  |  |   |
| Trade and Services |  [ ]  | Humanitarian and Emergency | [ ]  |   |  |
| 1. **Targeted geographical area(s) of operation (*regions, districts):***

**Region District****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Planned timeframe for operations in Somaliland (if known):
 |
| 1. **Expatriate Personnel** *(list all positions in the permanent organizational structure of the office – i.e. excluding those recruited only for a specific project – whether currently filled or not):*
 |
| **No.** | **Post Title** | **Required Experience/Qualifications** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| 1. **Locally Recruited Staff** *(list all positions in the permanent organizational structure of the office – i.e. excluding those recruited only for a specific project – whether currently filled or not. Include all support staff – drivers, watchmen, cleaners, etc. ):*
 |
|  **No.** |  **Post** |  **# Positions** |  **Monthly Salary** |
|  **1** |  |  |  |
|  **2** |  |  |  |
|  **3** |  |  |  |
|  **4** |  |  |  |
|  **5** |  |  |  |
|  **6** |  |  |  |

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| **Section 3 Declaration**  |
| I declare that the information I have provided here is true and correct to the best of my knowledge.  |
| Name of Applicant | Signature: | Date: |
|  |  |  |

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| **Section 4 Check List of attachments** |
|  | A certificate of registration from country of origin and a proof of own operating office in country of origin. | [ ]  |
|  | Evidence of similar work carried out in country of origin or other countries | [ ]  |
|  | Proof of funds secured from a donor not resident in Somaliland. | [ ]  |
|  | A profile of the organization which includes its aim, structure, head office, other countries where it works or is registered  | [ ]  |
|  | A copy of your constitution indicating the areas your organization is aiming to work, one year activity plan, sources of funds and itemized budget for your operations in the country | [ ]  |
|  | A receipt or proof of payment of the registration fee | [ ]  |
|  | An attestation of your existence from the foreign office of the country of origin or the nearest embassy and declaration of responsibility for your actions | [ ]  |
|  | The CVs of your international staff and certificate of no criminal conviction from their respective countries | [ ]  |
|  | A written justification of international staff as to why they are needed  | [ ]  |
|  | CVs of the founders/BOD, their passport-sized photos and certificate of no criminal conviction in their countries  | [ ]  |
|  | Proof of that the objectives of your programs are consistent with national policies and plans  | [ ]  |
|  | A letter of intent or agreement with the ministry you want to work with | [ ]  |
|  | A program or a project which fits into the work plan of the ministry or the agency you are working with | [ ]  |
|  | An evidence of an own office with a decision making authority in the country | [ ]  |

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| **Office Use Only ( Please do not complete this part)** |
| Registrar’s Decision Approval [ ] Re- submission (More Information) [ ] Rejection [ ]  | Justification  |
| Name of the Registrar: | Signature:Date: |

|  |  |
| --- | --- |
| **Minister’s Decision** | **Name:** |
| Approval [ ]  |  |
|  Re-submission [ ]   | SIGNATURE: |
|  Rejectiuon [ ]  | DATE: |