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: |