

Ministry of National Planning and Development
Registration Application Form for (INGO)

Form B1

Please complete in black ink and Capital Letters

PART I Organization Details		
1.	Type of Registration (Please Tick only one)	<input type="checkbox"/> New Registration
2.	Type of NGO (Please Tick only one))	<input type="checkbox"/> International Non-governmental organization (INGO)
3.	Full Name of the Organization	
4.	Name of the Organization (Short form /ACRONYM)	
5.	Legal Status in Country of Origin.	
6.	Address in <i>Country of origin</i>	
	Tell: _____ Fax: _____ Email: _____	
7.	Main Address in <i>Somaliland</i>	
	Tell: _____ Fax: _____ Email: _____	
8.	Name of the Country Director	
9.	Contact Details (if different from above)	Tell: _____ Fax: _____ Email: _____
10.	Name of Somaliland Representative (if different from 8)	
11.	Date of Organization's entry into Somaliland	Previous Registration from Somaliland : Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please write the date of registration: _____ Registration Number: _____
12.	Branch Offices in Somaliland	<b style="display: inline-block; width: 45%;">Region _____ <b style="display: inline-block; width: 45%;">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)*

2. Sector(s) of proposed activity to be engaged in:

Health	<input type="checkbox"/>	ICT	<input type="checkbox"/>	Other	<input type="checkbox"/>
				<i>Please specify:</i>	
Education and Training	<input type="checkbox"/>	Governance	<input type="checkbox"/>		
Water and Sanitation	<input type="checkbox"/>	Infrastructure	<input type="checkbox"/>		
Production and Environment	<input type="checkbox"/>	Employment and Social Development	<input type="checkbox"/>		
Trade and Services	<input type="checkbox"/>	Humanitarian and Emergency	<input type="checkbox"/>		

3. Targeted geographical area(s) of operation (regions, districts):

Region

District

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Planned timeframe for operations in Somaliland (if known):

5. 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		

6. 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.):

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No.	Post	# Positions	Monthly Salary
1			
2			
3			
4			
5			
6			

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:

Section 4 Check List of attachments		
1.	A certificate of registration from country of origin and a proof of own operating office in country of origin.	<input type="checkbox"/>
2.	Evidence of similar work carried out in country of origin or other countries	<input type="checkbox"/>
3.	Proof of funds secured from a donor not resident in Somaliland.	<input type="checkbox"/>
4.	A profile of the organization which includes its aim, structure, head office, other countries where it works or is registered	<input type="checkbox"/>
5.	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	<input type="checkbox"/>
6.	A receipt or proof of payment of the registration fee	<input type="checkbox"/>
7.	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	<input type="checkbox"/>
8.	The CVs of your international staff and certificate of no criminal conviction from their respective countries	<input type="checkbox"/>

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8.	The CVs of your international staff and certificate of no criminal conviction from their respective countries	<input type="checkbox"/>
9.	A written justification of international staff as to why they are needed	<input type="checkbox"/>
10.	CVs of the founders/BOD, their passport-sized photos and certificate of no criminal conviction in their countries	<input type="checkbox"/>
11.	Proof of that the objectives of your programs are consistent with national policies and plans	<input type="checkbox"/>
12.	A letter of intent or agreement with the ministry you want to work with	<input type="checkbox"/>
13.	A program or a project which fits into the work plan of the ministry or the agency you are working with	<input type="checkbox"/>

Office Use Only (Please do not complete this part)

<u>Registrar's Decision</u>	<u>Justification</u>
Approval <input type="checkbox"/>	
Re- submission (More Information) <input type="checkbox"/>	
Rejection <input type="checkbox"/>	
Name of the Registrar:	Signature:
	Date:

Minister's Decision	<u>Name:</u>
Approval <input type="checkbox"/>	
Re-submission <input type="checkbox"/>	SIGNATURE:
Rejectiuon <input type="checkbox"/>	DATE: