

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

Form B2

Please complete in black ink and Capital Letters

PART I Organization Details																
1.	Type of NGO (Please Tick only one))	<input type="checkbox"/> International Non-governmental organization (INGO) <input type="checkbox"/> Consortuim														
2.	Full Name of the Organization	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>														
3.	Address in <i>Country of origin (if Changed)</i>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; padding: 5px;"> Tell: Fax: Email: </div>														
4.	Main Address in <i>Somaliland(if changed)</i>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; padding: 5px;"> Tell: Fax: Email: </div>														
5.	Name of the Country Director (if changed)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>														
6.	Contact Details <i>(if different from above)</i>	<div style="display: flex; justify-content: space-between; padding: 5px;"> Tell: Fax: Email: </div>														
7.	Name of Somaliland Representative <i>(if different from 5)</i>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>														
8.	Branch Offices in Somaliland (if changed)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center; border-bottom: 1px solid black;">Region</th> <th style="width: 50%; text-align: center; border-bottom: 1px solid black;">District</th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> <tr><td style="border-bottom: 1px solid black; height: 20px;"></td><td style="border-bottom: 1px solid black; height: 20px;"></td></tr> </tbody> </table>	Region	District												
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PART II		
1. Other developing countries where the agency is working or has worked: <i>(submit to the Ministry any Annual Reports or other descriptive information on such activities)</i>		
2. Sector(s) of proposed activity to be engaged in:		
Health	<input type="checkbox"/>	ICT
	<input type="checkbox"/>	Other
		Please specify:
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 if there has been a change since last registration (regions, districts):		
Region <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	District <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	
4. Planned timeframe for operations in Somaliland (if known):		
5. Expatriate Personnel <i>(List members that have left /joined the organization since last registration):</i>		
No.	Post Title	Required Experience/Qualifications
1		
2		
3		

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4		
6. Locally Recruited Staff <i>(list members of staff that left/joined the organization since last registration):</i>		
No.	Post	# Positions
1.		
2.		
3.		
4.		
5.		

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.	Proof of funds secured from a donor not resident in Somaliland (for the new project or extension of the old project).	<input type="checkbox"/>
2.	A receipt or proof of payment of the registration fee	<input type="checkbox"/>
3.	The CVs of your international staff and certificate of no criminal conviction from their respective countries (if new members joined the organization since last registration)	<input type="checkbox"/>
4.	The CVs of your local staff and certificate of no criminal conviction (if new members joined the organization since last registration)	<input type="checkbox"/>
5.	A written justification of international staff as to why they are needed (if new members joined the organization since last registration)	<input type="checkbox"/>
6.	Recommendation letter from the line ministry	<input type="checkbox"/>

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6.	Recommendation letter from the line ministry	<input type="checkbox"/>
7.	A letter of intent or agreement with the line ministry for the extension of/new project	<input type="checkbox"/>
8.	Last year's activity report and coming year's	<input type="checkbox"/>

Office Use Only (Please do not complete this part)	
<u>Registrar's Decision</u> Approval <input type="checkbox"/> Re- submission (More Information) <input type="checkbox"/> Rejection <input type="checkbox"/>	<u>Justification</u>
Name of the Registrar:	Signature: Date:

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