



GOVERNMENT OF BERMUDA

**CHARITIES ACT 2014  
ANNUAL REPORT FOR CHARITIES**

This information is being collected to determine the suitability of registered charities and associated persons for continued registration under the Charities Act 2014. Questions about this Form or the collection of the information can be directed to the Registrar General at the address below, or via email: [charityinfo@gov.bm](mailto:charityinfo@gov.bm) or at tele: 297-7848.

**RETURN THIS FORM TO:** The Registrar General  
Government Administration Building, 1<sup>st</sup> Floor  
30 Parliament Street  
Hamilton HM 12 Email: [charityinfo@gov.bm](mailto:charityinfo@gov.bm)

1. Name of Organization

2. Phone number:	Fax Number:	Email address:
------------------	-------------	----------------

3. Address of Organization (street address)

4. Mailing address (if different from street address)

5. Registered Charity No.	6. Registration Expiry Date (if applicable):	7. Company Registration Number (if applicable):
---------------------------	--	---

8. Financial year covered by this Report:	9. Has this report been submitted within 6 months of the charity's financial year-end?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--	--

10. Which of the following categories of charitable purposes best describe those of your organization? **Please select one primary purpose and only one secondary purpose, if necessary.**

• The prevention or relief of poverty	<input type="checkbox"/>	• The advancement of sport	<input type="checkbox"/>
• The advancement of education	<input type="checkbox"/>	• The advancement of the arts, culture, heritage or science	<input type="checkbox"/>
• The advancement of religion	<input type="checkbox"/>	• The advancement of animal welfare	<input type="checkbox"/>
• The advancement of health or the saving of lives	<input type="checkbox"/>	• The relief of those in need because of youth, age, ill-health, disability, financial hardship or other disadvantage	<input type="checkbox"/>
• The advancement of citizenship or community development	<input type="checkbox"/>	• The advancement of environmental protection or improvement	<input type="checkbox"/>
• The advancement of human rights, conflict resolution or reconciliation, or the promotion of religious or racial harmony or equality and diversity	<input type="checkbox"/>	• The promotion of the efficiency of the armed forces of the Crown or of the efficiency of the police, fire and rescue services or ambulance services	<input type="checkbox"/>
• The provision of recreational or similar facilities in the interests of social welfare	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Please identify the primary objectives of your organization, and its main beneficiaries.

Please identify the nature of any fundraising activities, projects and programmes that the organization engaged in during the past year. If it does not engage in fundraising, please state how it is financed.

Please explain how the organization's objectives and aims are of benefit to the public. You may wish to refer to the Guidance on Public Benefit document issued by the Registrar General and Charity Commissioners, which is available at [www.charities.gov.bm](http://www.charities.gov.bm).

Is your charity accredited by the Bermuda National Standards Committee?

Yes

No

If **Yes**, please provide the date of accreditation:

Does the charity have a trading subsidiary? (A trading subsidiary is a company owned and controlled by the charity to trade on its behalf)

Yes

No

If **Yes**, please provide the name of the subsidiary:

**LIST ALL TRUSTEES, DIRECTORS AND OFFICERS OF THE ORGANIZATION**

Official Title:		
Name:		
Street Address:		
Phone No. (W)	(H)	Email
Official Title:		
Name:		
Street Address:		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email

In the past 5 years, have any of the organization's **trustees, directors, or officers**, whether under the laws of Bermuda or any other jurisdiction:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a) been charged or convicted of an offence (excluding traffic violations) under any criminal law or other law in force? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) been the subject of, or convicted in any regulatory, civil, or other action or proceeding?                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) been the subject of bankruptcy or receivership proceedings?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) been the subject of a court judgement or writ, or failed to satisfy a judgement or writ?                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) had a business licence or registration refused, suspended, or cancelled?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**If the answer is YES to any of questions a) to e) above, please provide details (attach a separate sheet if necessary):**

#### GENERAL OBLIGATIONS

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a) Does the organization work with persons who are considered vulnerable because of their age, physical or mental ability, or ill health?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) If you answered <b>Yes</b> to question a), are you in compliance with the Vulnerable Persons Policy Document that has been issued by the Registrar General and Charities Commissioners for charities? (Available at <a href="http://www.charities.gov.bm">www.charities.gov.bm</a> ) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Is your charity in compliance with the Anti-Money Laundering and Anti-Terrorist Financing obligations for charities under the Charities Act 2014 and the Charities (Anti-Money Laundering, Anti-Terrorist Financing and Reporting) Regulations 2014?                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) During the past year, did the charity notify the Registrar General of any changes to the it's trustees, address, or other particulars within 30 days? (Section 17 of the Act)  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Are the charity's financial statements for the year to which this Annual Report relates attached?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) Have the financial statements been submitted within 6 months of the end of the charity's financial year end? (Section 37 of the Act)   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g) Have the financial statements been signed by the Treasurer and one other officer / trustee?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h) Has the charity paid the relevant annual fee to the Registrar General?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you answered NO to any of questions b) to i) above, or if your charity is not in compliance with any of the requirements of the Charities Act 2014 or the Charities Regulations 2014, please provide an explanation:

**ANTI-MONEY LAUNDERING & ANTI-TERRORIST FINANCING REPORT**

Name of AML/ATF Compliance Officer

Date of financial year-end for this report

Has the charity's AML/ATF Compliance Officer received AML/ATF training from the Registry General Department?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

**KNOW YOUR DONORS**

Have any donors given more than \$5,000 during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Does the charity have a well-established relationship with them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

In what form is the money being received (cash, cheque, bank transfer)?

Have any public concerns been raised about the donors or their activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Has the charity received any unusual or substantial one-off donations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Are there any conditions attached to such donations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Have any donations been made on condition that the funds are only to be retained by the charity for a period and then returned to the donor, with the charity retaining the interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Have any donations been made on condition that a particular third party be used to apply the funds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Have any donations been made on condition that the funds be applied for the benefit of particular individuals, either directly or indirectly?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Is there a suggestion that the charity is being used as a conduit to a third party?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Have any donations been made in Bermuda dollars or another currency, with a requirement that they be returned in a different currency?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

Have any donations been received from unknown bodies or international sources where financial regulation or the legal framework are not rigorous?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

<b>KNOW YOUR PARTNERS</b>			
Does the charity work with any partners or agents in carrying out its objectives?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If the charity has partners or agents, does the charity have influence or control over them?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If the charity has partners or agents, does it have a long relationship with them?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If the charity has partners or agents, do any of these operate in territories or areas known for terrorism or other criminal activity?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

<b>KNOW YOUR BENEFICIARIES</b>			
Does the charity know how its beneficiaries use the funds or other resources provided to them?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are most of the charity's beneficiaries located outside of Bermuda?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Has the charity received any unusual requests from its beneficiaries?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are any of the charity's beneficiaries located in territories or areas that are known for terrorism or other criminal activity?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are any of the charity's beneficiaries located in territories or areas that are subject to sanctions by the Government of Bermuda?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

<b>COMMENTS</b>

I hereby certify that the particulars contained in this Annual Report, which is submitted under the requirements of sections 38 and 47 of the Charities Act 2014, are true and correct to the best of my knowledge and belief.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title in organization