



REGISTRATION FORM

EAST PORT OF SPAIN DEVELOPMENT COMPANY LIMITED

REGISTRATION OF GROUPS AND ORGANIZATIONS

1.0 GENERAL INFORMATION

a. **Name of Organization/Group:** -

b. **Mailing Address:** _____

c. **Address of Meeting Place (if different from mailing address):**

2.0 TYPE OF GROUP/ORGANIZATION

Main Objective

(Indicate by using a tick to mark the type of Organisation)

Cultural

Youth

Sporting

Religious

Voluntary

Women's

Sporting

Recreation

Other: Please Specify: _____

3.0 EXECUTIVE MEMBERSHIP (where applicable)

- a. Name of President: _____
- b. Name of Vice President: _____
- c. Name of Chairperson: _____
- d. Name of Deputy Chairperson _____
- e. Name of Secretary _____
- f. Name of Assistant Secretary _____
- g. Name of Treasurer _____
- h. Name of Executive Member _____

Name/s of Group Representative/s (contacts)

Name #1 _____

Address _____

Telephone #: _____ Fax#: _____

Mobile #: _____ Email: _____

Name #2 _____

Address _____

Telephone #: _____ Fax#: _____

Mobile #: _____ Email: _____

Name #3 _____

Address _____

Telephone #: _____ Fax#: _____

Mobile #: _____ Email: _____

4.0 DOCUMENTS

(Where applicable, please provide copies of documents)

- Constitution
- Minutes of two (2) last meetings
- List of Executive

6.0 STATEMENT OF SUBMISSION

I hereby certify that the information submitted in this Registration Form is true and correct to the best of my knowledge and belief.

This information will be used to register this company with East Port of Spain Development Company Limited.

Name in Block Letters _____

Signature _____

Position _____

Date _____

Please submit completed Registration to:

**East Port of Spain Development Company Limited
#76 Eastern Main Road
Laventille**

For further information please call; 623 6007