Form A1

#### PLEASE COMPLETE IN BLACK INK AND CAPITAL LETTERS

PART I	Organization Deta	ils
1.	Type of NGO ( Please Tick only one))	☐Local Non-governmental organization (LNGO) ☐ Consortium ☐Local Consultancy Firm/Company
2.	Full Name of the Organization	
3.	Name of the Organization (Short form /ACRONYM)	
4.	Legal Status in Country of Origin.	
5.	Address in Country of origin	Physical:
		Tell: Fax: Email:
6.	Main Address in Puntland	Physical:
		Tell: Fax: Email:
	Name of the Director/Head Office	
8.	Contact Details (if different from above)	Tell: Fax: Email:
9.	Date of Organization's	
	establishment in Puntland	Previous Registration from Puntland: Yes No If yes, please write the date of registration: Registration Number:
10.	Branch Offices in Puntland (If planned)	Region District

					Form A1
				<del></del>	
				<u>-</u>	
	<u> </u>				
A DITE VI					
PART II  Other regions of Somalia	who	re the agency is worl	king or	has worked: (submit to the Mini	stry any Annual Reports
or other descriptive informa			Milg of	nas worked. (Submit to the Mini	stry uny Amnuai Reports
2. Sector(s) of proposed act		to be engaged in:			
Health		ICT		Other	
			_	Please specify:	_
Education and Training		Governance			
Alexander I Carallanda		I. C. and a set			
Water and Sanitation	Ш	Infrastructure	Ш		
Production and Environment		Employment and			
Гrade and Services		Social Development Humanitarian and			
rrade and services		Emergency	Ш		
3. Targeted geographical ar	rea(s)	) of operation ( <i>region</i>	ıs, disti	ricts):	
Region			Distri	ict	
				<del>-</del>	
					-
					-

Form A1

4. Planned timeframe for operations in Puntland (if known):						
5. Expatriate Personnel (list all positions in the permanent organizational structure of the office including those recruited only for a specific project – whether currently filled or not):						
No.	Post Title		Experience/Qual	ifications		
1						
2						
3						
4						
5						
6						
6. Locally Recruited Staff (list all positions in the permanent organizational structure of the office including 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						

Form A1

Section 3 D					
		ave provided here is true			
Name of Applicant			ature:	Date:	
Section 4		Check List of attachments	s		
1.	Registration requ	est from CEO/Director in o	official letterhead sig	ned and stamped.	
2.	Organizational profile, NGO Constitution and establishment legal documents.				
3.	Names of the founders or current NGO Board members with passport size photo, copy of IDs or valid passports.				
4.	Names of the organization head of the office (and international staff if any), their CVs, copy of valid passport and passport size photo.				
5.	List of the local st	aff.			
6.	Filled registration form of MoPEDIC (A1)				
7.	Physical office addresses and lease agreement.				
8.	Annual work plan (Projects to be implemented), procurement plan and project documentation with budget.				
9.	Donor agreements, LoU, LoA, and any other similar legally binding documents (grant agreements).				
10.	Payment receipt of registration fee from Ministry of finance \$204 USD				
11.	All asset inventor	y lists.			
12.	Enter strategic agreement with MOPEDIC creating working relationship in Puntland.				
Office Use	Only ( Please do no	t complete this part)			
Registrar's	Review	<u>Justification</u>			
_		,			
Approval					
Re- submiss Information					

Rejection				
Name of the Registrar and Head	d of NGO:		Signature:	
Name:				
			Date:	
DG's Decision		Name:		
Approval				
Re-submission		SIGNATURE:		
Rejectiuon		DATE:		