

Ministry of Planning, Economic Development and International Cooperation (MoPEDIC)
Registration Renewal Application Form for (Local NGO)

Form A2

PLEASE COMPLETE IN BLACK INK AND CAPITAL LETTERS

PART I Organization Details														
1.	Type of NGO (Please Tick only one)	<input type="checkbox"/> Local Non-governmental organization (LNGO) <input type="checkbox"/> Consortium <input type="checkbox"/> Local Consultancy Firm/Company												
2.	Full Name of the Organization	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>												
		Registration Number:												
		Certificate Serial Number:												
		Date of Registration:												
		Expire Date:												
3.	Address in <i>Country of origin</i>	Physical:												
		Tell: Fax: Email:												
4.	Main Address in <i>Puntland</i>	Physical:												
		Tell: Fax: Email:												
5.	Name of the Director/HO	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>												
6.	Contact Details (if different from above)	Tell: Fax: Email:												
7.	Branch Offices in Puntland (if changed)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center; padding: 5px;">Region</th> <th style="width: 50%; text-align: center; padding: 5px;">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> </tbody> </table>	Region	District										
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PART II		
1. Other regions of Somalia 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"/>	<div style="display: flex; justify-content: space-between;"> <div> ICT <input type="checkbox"/> </div> <div> Other <input type="checkbox"/> </div> </div> <div style="margin-top: 5px;">Please specify:</div>
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 Puntland (if known):		
5. Expatriate Personnel <i>(UPDATED List members that have left /joined the organization since last registration):</i>		
No.	Post Title	Experience/Qualifications
1		
2		

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3		
4		

6. Locally Recruited Staff *(UPDATED list members of staff that left/joined the organization since last registration):*

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

Attached the contracts of the staff national and International staff

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:

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Section 4			Check List of attachments
1.	Registration renewal request letter from CEO/Director in official letterhead signed and stamped.	<input type="checkbox"/>	
2.	Updated organizational profile, NGO Constitution and establishment legal documents.	<input type="checkbox"/>	
3.	Updated names of organization head of the office (and international staff if any), their updated CVs, copy of valid passport and passport size photo.	<input type="checkbox"/>	
4.	Updated list of the local staff.	<input type="checkbox"/>	
5.	Filled registration renewal form of MoPEDIC (A2)	<input type="checkbox"/>	
6.	Staff payroll tax payment receipt of the last 12 months and Tax clearance letter from Ministry of Finance Puntland.	<input type="checkbox"/>	
7.	Ending year work plan (projects implemented) annual narrative reports.	<input type="checkbox"/>	
8.	Annual work plan (Projects to be implemented), procurement plan and project documentation for coming year with budget.	<input type="checkbox"/>	
9.	Donor agreements, LoU, LoA, and any other similar legally binding documents (grant agreements)	<input type="checkbox"/>	
10.	Payment receipt of registration renewal fee from Ministry of finance \$104 USD	<input type="checkbox"/>	
11.	Updated asset inventory lists.	<input type="checkbox"/>	
12.	Submit latest joint monitoring mission report with the MoPEDIC	<input type="checkbox"/>	

Office Use Only (Please do not complete this part)		
<u>Registrar's Review</u> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 80%;"> Approval <input type="checkbox"/> Re- submission (More Information) <input type="checkbox"/> Rejection <input type="checkbox"/> </div> <div style="width: 10%;"></div> </div>	<u>Justification</u>	
Name of the Registrar: Name: _____	Signature: Date: _____	

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