

FORM FC -5
[See rule 12(2)]

**The Secretary to the Government of India,
Ministry of Home Affairs,
FCRA Wing / Foreigners Division,
“Jaisalmer House”,
26, Mansingh Road,
New Delhi – 110 011.**

Sub: Application for seeking renewal of ‘registration certificate’ under section 13 of the Foreign Contribution (Regulation) Act, 2010 (42 of 2010). (Application for renewal to be submitted six months before the date of expiry of the certificate of registration):

Dear Sir,

I _____, on behalf of the Association named hereafter apply for seeking renewal of ‘registration certificate’, as per details given below:

1. Name of the Association and its complete postal address:

(a) Name:

(b) Address:

Town/City:

District:

State:

Pin Code:

(c) Telephone No. of the Association (with STD code):

(d) Telephone no. (with STD code) / Mobile no. ~ of the Chief Functionary:

(e) e-Mail address:

(f) Details of names and addresses of the members of the Executive Committee/Governing Council etc. of the Association, starting with the Chief Functionary, in the following table:

Sl. No	Name	Name of father/husband	Nationality	Occupation with address of place of work (at the time of filing the application) (Phone/Mobile no if any)	Post held in the Association	Relationship with other Member(s) of the Exe. Council / Governing body	Address for correspondence
.							

2. Nature of Association:

3. Registration number:

(a) place of registration:

(b) date of registration:

(c) Date of expiry:

(d) PAN No., if any

(certified copy of the registration certificate to be attached).

**4. Foreign Contribution received, if any,
since its registration with yearly breakup:**

5. Details of utilisation of funds:

6. Whether various provisions as stipulated in the Foreign Contribution (Regulation) Act , 2010 (42 of 2010) adhered to:

7. Reasons for seeking renewal of certificate:

8. Details of Fee: An amount of Rs. _____ (Rupees in words _____) towards renewal of registration is remitted by way of demand draft/bankers cheque drawn in favour of "Pay and Accounts Officer, Ministry of Home Affairs viz. DD/Bankers Cheque No. _____ dated _____ Name of the Bank _____

9. Whether the organisation/Association has been blacklisted/debarred from receiving any aid and/or assistance by any other Ministry/Department of Central and/or State Government or Statutory Authority. If so, the details thereof:

10. Any other information which the Association may like to furnish:

I hereby declare that the information furnished above is true and correct.

Signature of the Chief Functionary
[Name of the Chief Functionary *in block letters*]
(Seal of the Association)