## Application form for change of name/address

		or seeking ch mission under FC		the <b>n</b>	ame/address	of the	association	granted
No					Date			
То								
	Ministry of Ho	to the Governm ome Affairs, Jaisa n Road, New Delh	lmer Hous	se,				
Subject Sir,		n for change in th n under Foreign (				registered	/granted prio	r
_		on behalf address of asso ion) Act,1976/ Fo	ciation re	gistered	-	permissi	on under the	
1.	Name of the a	ssociation and it		e postal	address:			
Name	:		<u>Existing</u>			<u>Propos</u>	<u>ed</u>	
Address	:							
Town/C	ity :							
District	:							
State	:							
PIN Cod	e :							
Phone/F	ax No.:							
e-Mail	:							
	_	tion No./Prior Pe egistration/prior					ed	
	Nature of Asso (a) religious	ociation: (b) cultural	(c) ecor	nomic	(d) educati	onal (	(e) social	
	If religious ass (e) Buddhist	ociation, state w (f) Others.	hether –	(a) Hindı	u (b) Sikh (c)	) Muslim	(d) Christian	
		dresses of the mo ling the Chief fur				-	rning Council	etc. of
Name	- Name	-£ N-+:1	:tu   Ooo	.notion	Office held	Dalation	abia Adda	

SI N o.	Name	Name of Father/ Husband	Nationality	Occupation	Office held in the association	Relationship with office bearers, if	Address
						any	
1	2	3	4	5	6	7	8

- 5. Please indicate date of submission of Annual FC-3 return of last 3 years
- 6. Please indicate whether the Association is functioning as editor, owner, printer or publisher of a Publication required to be registered as 'newspaper' under the Press and Registration of Book Act, 1867. If so, the details thereof.

	Year	Date
1.		
2.		
3.		

- 7. Please indicate whether the association has close links with another association, or its unit or branch which has been-
  - (a) refused registration under the Act;
  - (b) prohibited from accepting foreign contribution.
- 8. Please indicate-
- (i) The name and address of the branch of the Bank through which foreign contribution is received.
- (ii) Please specify the designated Bank account number in the said branch of the bank.
- 9. Justification for proposed change

Yours faithfully,

Signature of the Applicant (Name of the Chief Functionary or authorised office bearer) (with the seal of the association)

## **Declaration and Undertaking**

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Place:
Date:

Signature of the Applicant (Name of the Chief Functionary or authorised office bearer) (with the seal of the association)

## Instructions:

- 1. Fill in all the details carefully and correctly.
- 2. Strike off columns which are not applicable.
- 3. Following documents are to be attached with the application:-
  - (i) Resolution of Governing Body for proposed change of name/address;
  - (ii) Copy of letter granting Registration Number;
  - (iii) Copy of revised certificate of Registration under Societies Act/Trust Act/Companies Act, whichever is applicable, in the case of change of name request.