



## Directors/Trustees and Like Officials Worksheet

Protected B when completed

You **must** give us complete information for each director/trustee and like official who, at any time during the fiscal period of this return, was a member of the charity's board of directors/trustees. Directors/trustees and like officials are persons who govern a registered charity. See the reverse for information on filling out this form.

Total number of directors/trustees and like officials:

Charity name:

Business number:

Return for fiscal period ending (YYYY/MM/DD):

**Note:** If you would like these individuals to have the authority to communicate with the CRA on behalf of your charity, their name must also appear as an owner for your Business Number (BN). For more information, go to [canada.ca/charities-giving](http://canada.ca/charities-giving), select "Operating a registered charity," then "Making a change to your organization" and see "Change director."

Public information				Confidential data							
Last name:		First name:		Initial:		Residential address – Street number and name:					
Term ► Start date (Y/M/D):		End date (Y/M/D):				City:		Prov/Terr:		Postal code:	
Position:		At arm's length with other Directors?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number				Date of birth (Y/M/D):	
Last name:		First name:		Initial:		Residential address – Street number and name:					
Term ► Start date (Y/M/D):		End date (Y/M/D):				City:		Prov/Terr:		Postal code:	
Position:		At arm's length with other Directors?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number				Date of birth (Y/M/D):	
Last name:		First name:		Initial:		Residential address – Street number and name:					
Term ► Start date (Y/M/D):		End date (Y/M/D):				City:		Prov/Terr:		Postal code:	
Position:		At arm's length with other Directors?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number				Date of birth (Y/M/D):	
Last name:		First name:		Initial:		Residential address – Street number and name:					
Term ► Start date (Y/M/D):		End date (Y/M/D):				City:		Prov/Terr:		Postal code:	
Position:		At arm's length with other Directors?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number				Date of birth (Y/M/D):	
Last name:		First name:		Initial:		Residential address – Street number and name:					
Term ► Start date (Y/M/D):		End date (Y/M/D):				City:		Prov/Terr:		Postal code:	
Position:		At arm's length with other Directors?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number				Date of birth (Y/M/D):	
Last name:		First name:		Initial:		Residential address – Street number and name:					
Term ► Start date (Y/M/D):		End date (Y/M/D):				City:		Prov/Terr:		Postal code:	
Position:		At arm's length with other Directors?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number				Date of birth (Y/M/D):	
Last name:		First name:		Initial:		Residential address – Street number and name:					
Term ► Start date (Y/M/D):		End date (Y/M/D):				City:		Prov/Terr:		Postal code:	
Position:		At arm's length with other Directors?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number				Date of birth (Y/M/D):	
Last name:		First name:		Initial:		Residential address – Street number and name:					
Term ► Start date (Y/M/D):		End date (Y/M/D):				City:		Prov/Terr:		Postal code:	
Position:		At arm's length with other Directors?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number				Date of birth (Y/M/D):	
Last name:		First name:		Initial:		Residential address – Street number and name:					
Term ► Start date (Y/M/D):		End date (Y/M/D):				City:		Prov/Terr:		Postal code:	
Position:		At arm's length with other Directors?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number				Date of birth (Y/M/D):	