

**FEDERAL MINISTRY OF WOMEN AFFAIRS & SOCIAL DEVELOPMENT**

***Registration Form for NGO***

1. Name of Organisation:………………………………………………………………………..

2. Date of Establishment:………………………………………………………………………..

3. Contact Address:……………………………………………………………………………...



4. LGA:…………………………………………………………………………………………

5. State:……………………………………………………………………………………………

6. Area of Specialization:………………………………………………………………………..

7. E-mail Address:………………………………………………………………………………..

8. Telephone No:…………………………………………………………………………………

9. **Scope of Organisation**

(a) National (b) State (c) Local Gov’t Area

10. **Type of Organisation**

(a) Professional Association (b) Community Based Organisation (CBO)

(c) Faith Based Organisation (FBO) (d) Others

11. **Focus Area of the Organisation**

(a) Agriculture (b) Health (c) Economic Empowerment

(d) Gender (e) Aged/Elderly (f) Human Rights (g) Media

(h) Education (i) Armed Conflict (j) Domestic Violence

(k) Guidance & Counseling (l) Social Welfare (m) Child Development

(n) Case Work (o) Drug (p) Rehabilitation (q) Prisoner’s Welfare

(r) Persons with Disabilities (s) Albino care (t) others

…………***Federal Ministry of Women Affairs Head Office, Abuja***…………

**Reference**

To be filled by the President of the NGO

I …………………………………………….hereby certify that I am the National President of ……………………………………………………………………………………………………… and that the organisation have been involved in activities that promotes the upliftment of the …………………………………………………………………………………………… in the area of ………………………………………………………………………………………………………..



Name of Applicant:……………………………………………

Designation:…………………………………………………..

Signature:…………………………………Date/Official Stamp:………………………

**Note:**

**All completed Application forms should be forwarded with the following documents:**

*Formal Application letter*

*Copy of CAC Certificate*

*List of State Branches of Organisation*

*Constitution of the Organisation (duly signed by the President & Secretary)*

*Various Achievements of the Organisation*

*Copy of the Annual Report (last two reports of activities where applicable)*

*Financial Report*

*Name of the Board members/Trustees (duly register with CAC and their phone numbers)*

*Name of Bankers and Location*

*Evidence of Bank Account/Location*

…………***Federal Ministry of Women Affairs Head Office, Abuja***…………