**Application Form for Registration of**

**Foreign Civil Society Organizations**

**(Form – N003)**

**List of documents to be accompanied with this application form:**

1. Duly Authenticated Certificate of Registration or any document confirming that the Organization is established or registered as a Civil Society Organization from its country of origin;
2. Authenticated By-law or Constituting document of the Organization by which its operations are governed;
3. Duly Authenticated Resolution of its competent organ to operate in Ethiopia;
4. Duly Authenticated Power of Attorney[[1]](#footnote-2) of the Country Representative given by the competent organ of the Organization;
5. Letter of Recommendation written to the Agency from the Ethiopian Embassy in which the Organization is incorporated or, in the absence of such, from Ethiopian Embassy that oversees the Country of incorporation or from Ministry of Foreign affairs of Federal Democratic Republic of Ethiopia;
6. An Action Plan[[2]](#footnote-3) for a minimum period of two years;

***NB:*** *This application form shall be filled and submitted to the Agency along with an official letter of request for registration signed by the Country Representative.*

# 

# March 2019

# *FDRE, Authority for Civil Society Organizations*

# Part One

# To be filled by the applicant CSO

I, the undersigned, Mr/Ms/Mrs. Country Representative of the Organization in Ethiopia hereby confirms that all information stated below are true and correct.

1. **Name of the applicant Organization** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Date of Registration in Country of Origin**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Name of the Country of Origin** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Address of Head Office in the Country of Origin**

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O.Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Web site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Address of Head Office in Ethiopia**

Region/City Administration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zone/Sub-City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Woreda \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kebele \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ House No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O.Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Web site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Planned places of operation /please tick with this symbol /√ /**

Tigray Afar Amhara Oromia

Beneshangul Gumuz Gambela SNNP Harari

Somalia Dire Dawa Addis Ababa

1. **Main Objectives of the Organization /describe briefly/**

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Planned Budget for two years**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Year | Budget /ETB / | Remark (If any) |
| 1 | 2019 |  |  |
| 2 | 2020 |  |  |

1. **Date of planned Commencement of Operation in Ethiopia** :
2. Does the Organization’s CR fulfils the requirements provided under Article 68 of Proclamation No. 1113/2019. /please tick with this symbol “√”/

* Yes No

If No, please explain:

**Declaration:** I, the undersigned Mr/Ms/Mrs. , Country Representative of the Organization in Ethiopia, hereby confirm that all information filled above are true and correct.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Part Two

**PHOTO**

**Passport**

**Size**

**Personal particulars of the Country Representative**

1. Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sex: Male 🗖 Female 🗖
3. Date of Birth: DD/MM/YYYY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Marital Status: Single 🗖 Married 🗖
5. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Passport/Visa: Valid until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Educational Level

Below First Degree 🗖 First Degree 🗖 Masters Degree 🗖 Above Masters Degree 🗖

1. Current address of the Country Representative in Ethiopia:

Region/City Administration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zone/Sub-City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Woreda \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kebele \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ House No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O.Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration:** - I the Undersigned Country Representative of the Organization in Ethiopia, hereby confirm that all the information filled above are true and correct.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Part Three

⏷

**For the Agency use only**

* Application letter Submitted to the Record office: Date: Time
* The Application letter handed over to the Directorate: Date: Time
* Application letter referred to the Registration Officer: Date: Time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Documents required for registration** | **Yes** | **No** | **N/A[[3]](#footnote-4)** |
| 1. | Duly Authenticated Certificate of Registration or any document confirming that the Organization is established or registered as a Civil Society Organization from its country of origin; |  |  |  |
| 2. | Authenticated By-law or Constituting document of the Organization by which its operations are governed; |  |  |  |
| 3. | Duly Authenticated Resolution of its competent organ to operate in Ethiopia; |  |  |  |
| 4. | Duly Authenticated Power of Attorney of the Country Representative given by the competent organ of the Organization; |  |  |  |
| 5. | Letter of Recommendation written to the Agency from the Ethiopian Embassy in which the Organization is incorporated or, in the absence of such, from Ethiopian Embassy that oversees the Country of incorporation or from Ministry of Foreign affairs of Federal Democratic Republic of Ethiopia; |  |  |  |
| 6. | An Action Plan for a minimum period of two years; |  |  |  |
| 7. | Copy of Passport & Visa of CR; |  |  |  |
| 8. | Application form is filled properly; |  |  |  |

* Opinion of the Officer

Name Signature Date Time

* Decision of the Director of the Directorate[[4]](#footnote-5)

Name Signature Date Time

1. The Power Attorney shall specify the name of the Country Representative (CR) and the full authority entrusted to him/her to legally represent the Organization in Ethiopia. [↑](#footnote-ref-2)
2. The Action Plan shall include Objectives, Beneficiary selection, Implementation Strategy, Expected Result, Staffing, Sustainability, Budget allocation (the budget allocation shall show the 20/80 admin/program cost), and Monitoring and Evaluation. [↑](#footnote-ref-3)
3. Not Applicable [↑](#footnote-ref-4)
4. If the Director of the Directorate has approved the Re-registration, he/she has to submit the Certificate of Re-registration for Signature to the Director General or Deputy Director General of the Agency. [↑](#footnote-ref-5)