

APPLICATION FOR CHARITABLE TAX EXEMPTION

ALL FIELDS MARKED WITH AN ASTERISK (*) ARE MANDATORY

If the mandatory fields are not completed, this form will be returned without being reviewed.

A. IDENTIFICATION

1. Name of Charity *

2. Trading Name (if applicable)

3. Main address of Charity *

4. Name of Correspondent *

5. Role of Correspondent *

6. Correspondence Address

7. Tax Reference Number *

8. Registered Charity Number *

9. Establishment Date

10. Phone number

10. Email address

11. Website address

12. Which charitable heading(s) best describes the activities either being, or to be, undertaken by the applicant body? *

- Advancement of Religion ☐ Advancement of Education ☐
- Relief of Poverty ☐ Other purposes of Benefit to the Community ☐

13. Charity Type

- ☐ Incorporated Company
- ☐ Unincorporated Association
- ☐ Other _____

14. Previous Exemption Application

- ☐ Yes (Ref: _____) ☐ No

14. Main Object (as approved by the CRA)

B. DETAILS OF OFFICERS/TRUSTEES/DIRECTORS *

Please list the individuals who will be responsible for running the charity e.g. trustees, officers, directors. (If more than 4 please provide details on separate page) If any of the persons listed has an involvement or connection, either current or in the past, with another charity please provide details.

Please note that none of the Officers/Directors/Trustees can be employed by or in receipt of remuneration or benefit from the applicant charity.

Name		Name	
Address		Address	
Occupation		Occupation	
P.P.S.No.		P.P.S.No.	

Name		Name	
Address		Address	
Occupation		Occupation	
P.P.S.No.		P.P.S.No.	

C. FINANCE AND FUNDING

1. Bank Account Details

Please provide details of bank accounts where the charity's funds are held *

Name and Address of Financial Institution	Type of Account	Account Number

2. Finances

Annual Income (€) Annual Expenditure (€)

3. Trading

(a) A separate exemption is required in connection with trading activities. If you wish to apply for such exemption, please **attach** a statement showing how it will advance the objectives of the charity.

(b) If the charity has already engaged in any trading activities please **attach** details.

D. DECLARATION *

I certify that the information given is correct to the best of my knowledge and belief.

Submitted on behalf of the body by:

Name

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Address

H. ADDRESS FOR APPLICATION FORM

This form and all relevant enclosures should be sent to:

Office of the Revenue Commissioners
Collector-General's Division
Charities Section
Government Offices
Nenagh
Co. Tipperary

Tel. 067 63377 Fax: 067 32916 Lo call: 1890 66 63 33

Email: charities@revenue.ie

It should be noted that the Revenue Commissioners can make available to any person the name and address of any charity which has been granted exemption from tax. Information may also be made available to the Charities Regulatory Authority as appropriate.