

# APPLICATION FOR NOTICE OF DETERMINATION

**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 Body \*

2. Any other name if applicable  
e.g. a trade name

3. Name of Correspondent\*

4. Role of Correspondent \* e.g. chair,  
secretary, accountant, solicitor etc

5. Main address of Charity \*

  
  
  

*N.B. Please note that a post  
box number is not sufficient*

6. Main Phone number

7. Fax number

8. Email address (where available)

9. Website address (where available)

10. Correspondence Address  
(if different from 5 above)

  
  
  

11. Does the organisation have Employees: a) in this state. Yes  
b) in the state of Residence

  

No

  

12. Details of charity registration in State of Residence. \_\_\_\_\_

13. Details of tax registration and tax exemption in State of Residence. \_\_\_\_\_

14. Tax reference number issued by Revenue Commissioners in Ireland. \_\_\_\_\_

15. (a) Which charitable heading(s) best describes the activities either being, or to be,  
undertaken by the applicant body? (See Note 3, Page 2 on Information Leaflet)

\* Relief of Poverty

\* Advancement of Education

\* Advancement of Religion

\* Other purposes of Benefit to the Community.

(b) Please provide a brief summary or attach a report describing the activities which are/will be carried on by the organisation to further its main objects and as set out in its Governing Instrument.


(c) Is the body aware of any other organisation/charity which is engaged in similar activities. If 'Yes' please specify the name and address of such body including any links therewith formal or otherwise.

## B. DETAILS OF OFFICERS/TRUSTEES/DIRECTORS

Please list the individuals who will be responsible for running the body e.g. trustees, officers, directors. (If more than 6 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.

Name		Name	
Address		Address	
Occupation		Occupation	
Tax No..		Tax No.	

Name		Name	
Address		Address	
Occupation		Occupation	
Tax No.		Tax No.	

Name		Name	
Address		Address	
Occupation		Occupation	
Tax No		Tax No.	

Please confirm that none of the above named are employed by or in receipt of remuneration or benefits from the applicant body. Signature \_\_\_\_\_

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## C. OBJECTIVES AND ACTIVITIES

- a. Please **attach** a copy of the body's Official Governing Instrument in an official language of this state..
- b. Please **attach** a detailed statement of activities, if any, which have been carried out by the body to date and of the activities, which will be carried out during the next 12 months.
- c. Please **attach** any publications available which will help explain the work of the body or indicate the activities undertaken by it including any annual reports, leaflets for fundraising or newspaper cuttings.
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## D. FINANCE AND FUNDING

1. (a) Please attach a copy of the latest set of financial accounts including a detailed breakdown of income and expenditure. Please indicate the main source(s) of income and provide details regarding any Government or other Public Funded Grants receivable.

(b) Please provide details of bank accounts where the organisation's funds are held

Name and Address of Financial Institution	Type of Account	Account Number

(c) Indicate whether professional fundraisers are engaged by the body. If "yes", please provide details i.e. Name and address.

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## E. PROPERTY

Does the organisation own property? If so provide details

Type of Property	Address	Value
House/Office/Factory/ other		

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## F. ENCLOSURE CHECKLIST

Please examine the following checklist to ensure that you have included all of the material required in support of your application.

- ☐ Copy of the Governing Instrument.
- ☐ Statement of activities to date and plans for next 12 months, including any trading activities undertaken/proposed.
- ☐ Annual reports, other documentation, if applicable.
- ☐ Latest Financial Statements
- ☐ Sworn Affidavit
- ☐ Letter of Residence from your Tax Authority.

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## **G. DECLARATION**

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

Signed on behalf of the body by:

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e.g. Chairperson/Secretary/Treasurer/Agent

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## **H. ADDRESS FOR APPLICATION FORM**

This form and all relevant enclosures should be sent to:

Office of the Revenue Commissioners  
Charities Section  
Government Offices  
Nenagh  
Co. Tipperary

Tel. 0035367 63400 Fax 0035367 32916 Email: [charities@revenue.ie](mailto: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 assigned a Determination.

## AFFIDAVIT

I insert name being the treasurer/trustee/duly authorized agent of the charity insert name and address of body

aged eighteen years and upwards make Oath and say as follows:

I am the treasurer/trustee/duly authorised agent of the Charity insert name and as such have personal knowledge of the facts included in the application for a determination to the Irish Revenue Commissioners under Section 208A and 208B of the Taxes Consolidated Act (as amended in the Finance Act 2010) and hereby make this affidavit confirming that to the best of my knowledge the information contained in the application is correct and accurate.

Sworn before me by insert name of affiant  
this      day of      2010-  
at insert location and address  
before me insert status empowered to  
administer Oaths and I know the affiant

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Commissioner For Oaths  
insert status