MINISTRY OF INTERNAL AFFAIRS

NATIONAL BUREAU FOR NGOs

Information Request Form (IRF)

December 9, 2020

Instructions for Filling the Information Request Form (IRF)

After downloading the attachment, please follow the steps below;

1. Fill in the form in soft copy
2. Send the filled-out form (in soft copy) in (1) above to info@ngobureau.go.ug
3. Upon acknowledgement of receipt of the soft copy of the form by the NGO Bureau, print a copy of the already filled out form which you shall deliver to the NGO Bureau with the following attachments;

   a) A photocopy of NGO Permit of Operation

   b) A photocopy of Certificate of Registration

   c) A Certified or Notarized Copy of the Certificate of Incorporation

   d) A photocopy of URA TIN Certificate

   e) Photocopies of appointment letters of the board members and employees.

1. **Name of Organization**

Current Name	
Former Name (*if changed*)	

2. **Registration and Permit Details**

FILE NUMBER	PERMIT NO.	REGISTRATION CERTIFICATE NO.	DATE OF FIRST REGISTRATION	DATE OF ISSUE OF CURRENT PERMIT	DATE OF EXPIRY OF CURRENT PERMIT	STATUS

- ***Attach NGO Permit***
- ***Attach certificate of registration***
- ***Attach Certified certificate of incorporation***

3. **Area of operation**

	DISTRICT 1	DISTRICT 2	DISTRICT 3	DISTRICT 4	DISTRICT 5
District (s)					
Region (s)					
Sub region (s)					
Division					
Municipality					
Town Council					
County					
Sub-county					
Parish					
Village					

4. **Address of the NGO Headquarters**

Physical location	District	Municipality / Division/ Town Council	County	Sub-county	Parish	Village
Plot No:			Post Office Box Number:			
Email:			Telephone:			

5. **Country of Origin of NGO**

Country of Origin

6. **Type of NGO**

Type of NGO

*****Choose from **(Indigenous, Regional, Continental, Foreign or International)**

7. **Category of NGO**

Category of NGO

*****Choose from **(Individual NGO, Umbrella/Networks, Self- regulatory body)**

8. Objectives of the NGO

Main Objective	Other objectives

9. Promoters / Founders

Name	Citizenship	Profession	Email	Telephone	NIN	Passport No.

10. NGO Staffing

Summary of Staffing Levels

TOTAL NUMBER OF EMPLOYEES	NUMBER OF FEMALE EMPLOYEES	NUMBER OF MALE EMPLOYEES	NUMBER OF NATIONAL STAFF	NUMBER OF INTERNATIONAL STAFF	NUMBER OF EMPLOYEES BELOW 35	NUMBER OF EMPLOYEES ABOVE 35 YEARS	TOTAL SALARIES PER ANNUM

Name of employee	Citizenship	Sex	Age	Designation	Type of employment	Salary per month	Start Date	Expiry Date

****** Attach list in similar format if space isn't enough***
****** Attach copies of appointment letter***

11. NGO Officials (At least four key persons)

Name	Designation	Sex	Age	Email	Telephone	Start Date	Date of Expiry

12. **NGO Board**

Name	Occupation	Citizenship	Position on board	Age	Sex	Appointment date	Date of expiry	Annual total allowances

****** Attach copies of appointment letters***

13. **Sector and sub-sector according to National Development Plan**

Sector	Sub Sector

14. **Beneficiaries**

NO.	Type of Beneficiary	Number of Beneficiaries

****** Attach list in similar format if space isn't enough***

15. **NGO Account Details**

	Bank 1	Bank 2	Bank 3
Name of the Bank			
Branch			
Account Number			
NGO TIN			

****** Attach copy of URA TIN certificate of registration***

15. NGO Funding

Approved annual budget ……

	Name of project (s)	Project duration	Project cost (ugx)	Names of funders	Area of implementation	Contribution to NDP
Project 1						
Project 2						
Project 3						
Project 4						

16. Were the above approved projects shared or captured in the district development plan (DDP), National Development Plan (NDP), Ministerial Policy Statement (MPS)

	YES	NO
Captured in DDP		
Captured in NDP		
Captured in MPS		

17. Confirmation of Submission

I ……. confirm that the information I have submitted is true to the best of my knowledge.

Signature…… Date……