



ADAMAWA STATE PLANNING COMMISSION,
STATE SECRETARIAT COMPLEX, YOLA

REQUIREMENTS FOR REGISTRATION AS AN INGO.

1. A written letter addressed to the Honourable Minister, introducing your organization.
2. A brief profile of your Organization.
3. A copy of registration Certificate in the country of origin.
4. Power of Attorney designating the representative to Nigeria.
5. Mission Order for the Country Representative to operate in Nigeria on behalf of the organization.
6. Names and Address of the members of the Board of Trustees.
7. Annual Financial Report.
8. Draft Host Country Agreement. (Fifteen copies)
9. Constitution of the Organization.
10. Tax Exemption certificate (where necessary)
11. A copy of registration certificate with CAC.

REGISTRATION FORM FOR INGOs:

1.	Name of Organization:			
2.	Type of Organization (Mark X where appropriate):			
	Incorporated Trustees	Limited by Guarantee	Limited by Shares	Unlimited Company
3.	Category of the Organization (Mark X where appropriate):			
	CBO (Community-based Organization):		FBO (Faith-based Organization):	
4.	Date of Establishment:			
5.	Date of Incorporation in country of origin:			
6.	Certificate of Incorporation No:			
7.	Address of Headquarters:			
	Mobile No:		E-mail Address:	
	Addresses of Country Offices:			
	Mobile No:		E-mail Address:	
8.	Mobile No:			
9.	E-mail Address:			
10.	Fax:			
11.	Vision Statement:			
12.	Mission Statement:			
13.	Area of Focus of the Organization:			
	Specific:			
	a)			
	b)			
	c)			
	Others:			
	a)			
	b)			

	c)		
14.	Aims and Objectives of the Organization:		
	a)		
	b)		
	c)		
	d)		
	e)		
	f)		
15.	Scope of Operation:		
	Nationwide:	State of interventions:	Community of interventions:
16.	Projects and Programmes (Past and Current):		
	Title of the Projects/Programmes	Sector of Intervention:	State of Intervention (Including LGAs/Communities):
17.	Sources of Funding:		
	a)		
	b)		
	c)		
	d)		
18.	Names of collaborating Government MDAs (Ministries, Department and Agencies):		
	a)		

	b)			
	c)			
	d)			
19.	Names and Designation of Board of Trustees (BOT):			
	a)			
	b)			
	c)			
	d)			
	e)			
	f)			
20.	Names and Designation of Programs Staff:			
	a)			
	b)			
	c)			
	d)			
	e)			
	f)			
21.	Name of Country Director/Representative:			
	Mobile No:	E-mail Address:	Signature:	Date:
22.	Name of Officer in Charge of Operations:			
	Mobile No:	E-mail Address:	Signature:	Date: