



ADAMAWA STATE PLANNING COMMISSION

STATE SECRETARIAT COMPLEX, YOLA

REGISTRATION FORM FOR LOCAL NGOs/CSOs/FBOs/CBOs:

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):			
	NGO:	CSO:	CBO:	FBO:
4.	Date of Establishment:			
5.	Date of Incorporation with CAC:			
6.	CAC Certificate of Incorporation No:			
7.	Address of Headquarters:			
	Mobile No:		E-mail Address:	
	Addresses of State/Zonal 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 (Mark X where appropriate):		
	Nationwide:	State:	Community Level:
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:
	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 Chief Executive Officer/Founder/President:
	Mobile No: E-mail Address: Signature: Date:
22.	Name of Officer in Charge of Operations:
	Mobile No: E-mail Address: Signature: Date: