**Form - FDN 1 -**

**Application for Registration of a Foundation**

*(Article 18 of Law No 059/2021 of 14/10/2021 governing foundations)*

1. **DETAILS OF THE FOUNDATION**

|  |  |
| --- | --- |
| 1. **Type of Foundation** |  |
|  |  |
| 1. **Name of the Foundation** *(in full)* |  |
|  |  |
| 1. **Address of the registered office the Foundation (**which must be in Rwanda**)** | Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sector\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  P.O. Box\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Term for which the Foundation is created** |  |
|  |  |
| 1. **Purpose and objectives of the Foundation** | |
|  | |

1. **DETAILS OF THE ENDOWMENT**

|  |
| --- |
|  |

1. **IDENTIFICATION OF THE FOUNDER(S) OR EXECUTOR OF THE FOUNDATION**
2. **Individual Founder(s)**

|  |  |  |
| --- | --- | --- |
| Full names |  | |
|  |  | |
| Date of birth |  | |
|  |  | |
| Tax Identification No |  | |
|  |  | |
| Gender |  | |
|  |  | |
| ID No /Passport No |  | |
|  |  | |
| Nationality |  | |
|  |  | |
| Address |  | |
|  | Tel |  |
|  | Email |  |
|  | Postal Address |  |
|  | Country |  |
|  | Province/Town |  |
|  | District |  |
|  | Sector |  |
|  | Cell |  |
|  | Street |  |
|  |  |  |
| Registered address in Rwanda (\*if the founder is not resident in Rwanda) | | |
|  | Postal Address |  |
|  | Province |  |
|  | District |  |
|  | Sector |  |
|  | Cell |  |
|  | Street |  |
| Signature | |  |

\**If there is more than one individual founder, please use additional separate pages.*

1. **Corporate Founder(s)**

|  |  |  |
| --- | --- | --- |
| Corporate name |  | |
| Date of creation |  | |
| Registration No |  | |
| Tax Identification No |  | |
| Nationality |  | |
| Address |  | |
|  | Tel |  |
|  | Email |  |
|  | Postal Address |  |
|  | Province/ Town |  |
|  | District |  |
|  | Sector |  |
|  | Street |  |
| Registered address in Rwanda (\*if the founder is not Rwandan) | | |
|  | Postal Address |  |
|  | Province |  |
|  | District |  |
|  | Sector |  |
|  | Cell |  |
|  | Street |  |
| Name & Position of the signatory | |  |
| Signature | |  |

\**If there is more than one corporate founder, please use additional separate pages.*

**Provide details of the natural person(s) owning or controlling the Founder(s)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Founder’s name** | |  | | | | | | |
| **Name & Surname** | |  | | | | | | |
| **Date of birth** | |  | | **Place of birth** | |  | | |
| **National ID/Passport No** | |  | | | | **Country of issue**: | | |
| **Tax identification No** | |  | | | | | | |
| **Country of domicile or residence** | |  | | **Town** |  | | **Street** |  |
| **Nationality** | |  | | **Telephone** | |  | | |
| **Email** |  | | | | | **P.O. Box** | |  |
| **Nature of interest held in or control exercised over the foundation** | | |  | | | | | |
| **Extent or modalities of interest held or control exercised** (indicate % of interest/ownership, if any) | | |  | | | | | |
| **Effective Date (day, month, year) on which the beneficial owner became a beneficial owner** | | |  | | | | | |
| **Effective Date (day, month, year) on which person ceased to be a beneficial owner** | | |  | | | | | |

*Add other beneficial owner of the founder by replicating the above table, if any.*

1. **Executor(s) details[[1]](#footnote-1)\***

|  |  |  |
| --- | --- | --- |
| Full names |  | |
|  |  | |
| Date of Birth |  | |
| Gender |  | |
| Tax Identification No |  | |
| ID No /Passport No |  | |
|  |  | |
| Nationality |  | |
|  |  | |
| Address |  | |
|  | Tel |  |
|  | Email |  |
|  | Postal Address |  |
|  | Province/Town |  |
|  | District |  |
|  | Sector |  |
|  | Cell |  |
|  | Street |  |
| Signature | |  |

\**If there is more than one executor, please use additional separate pages.*

1. **IDENTIFICATION OF THE FOUNDATION’S PROPOSED GUARDIAN**
2. **Individual Guardian**

|  |  |  |
| --- | --- | --- |
| Full names |  | |
| ID No /Passport No |  | |
| Nationality |  | |
| Address |  | |
|  | Tel |  |
|  | Email & Postal Address |  |
| I the above named hereby consent to act as a Guardian of the proposed Foundation named in this application form and do confirm that I am not disqualified from acting as a guardian of a foundation as per Article 29 of Law No 059/2021 of 14/10/2021 governing foundations.  -----------------------  Signature | | |

1. **Corporate Guardian**

|  |  |
| --- | --- |
| Corporate name |  |
| Registration No |  |
| Nationality |  |
| Registered Address |  |
| I, …………………………………………………………..(insert the position of the signatory) of ………………………………………………………………………. (insert the name of the corporate guardian) give consent to act as a Guardian of the proposed Foundation named in this application form and do confirm that it is not disqualified from acting as a guardian of a foundation as per Article 29 of Law No 059/2021 of 14/10/2021 governing foundations.  -----------------------  Signature | |

**Provide details of the natural person(s) owning or controlling the Corporate Guardian**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Guardian’s name** | |  | | | | | | |
| **Name & Surname** | |  | | | | | | |
| **Date of birth** | |  | | **Place of birth** | |  | | |
| **National ID/Passport No** | |  | | | | **Country of issue**: | | |
| **Tax identification No** | |  | | | | | | |
| **Country of domicile or residence** | |  | | **Town** |  | | **Street** |  |
| **Nationality** | |  | | **Telephone** | |  | | |
| **Email** |  | | | | | **P.O. Box** | |  |
| **Nature of interest held in or control exercised over the foundation** | | |  | | | | | |
| **Extent or modalities of interest held or control exercised** (indicate % of interest/ownership, if any) | | |  | | | | | |
| **Effective Date (day, month, year) on which the beneficial owner became a beneficial owner** | | |  | | | | | |
| **Effective Date (day, month, year) on which person ceased to be a beneficial owner** | | |  | | | | | |

*Add other beneficial owner of the Guardian by replicating the above table, if any.*

1. **IDENTIFICATION OF THE FOUNDATION’S PROPOSED COUNCILORS**
2. **Individual Councilor(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I, the below named, by signing this form, do hereby consent to act as councilor of the proposed Foundation named in this application and do confirm that I am not disqualified from serving as a foundation councilor as per Article 33 of Law No 059/2021 of 14/10/2021 governing foundations. | | | | | |
| Full names | ID No /Passport No | Nationality | Tel | Email & Postal Address | Signature |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\**If there are more than three councilors, please use additional separate pages.*

1. **Corporate Councilor(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I, the director/ legal representative of the below named corporate councilor, by signing this form, do hereby give its consent to act as councilor of the proposed Foundation named in this application and do declare and confirm that it is not disqualified from serving as a foundation councilor as per Article 33 of Law No 059/2021 of 14/10/2021 governing foundations. | | | | | |
| Corporate Name | Registration No | Tax Identification No | Registered Address | Names & Position of the signatory | Signature |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\**If there are more than three councilors, please use additional separate pages.*

**Provide details of the natural person(s) owning or controlling the Councilors**

**Councilor 1**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Councelor’s name** | |  | | | | | | |
| **Name & Surname** | |  | | | | | | |
| **Date of birth** | |  | | **Place of birth** | |  | | |
| **National ID/Passport No** | |  | | | | **Country of issue**: | | |
| **Tax identification No** | |  | | | | | | |
| **Country of domicile or residence** | |  | | **Town** |  | | **Street** |  |
| **Nationality** | |  | | **Telephone** | |  | | |
| **Email** |  | | | | | **P.O. Box** | |  |
| **Nature of interest held in or control exercised over the foundation** | | |  | | | | | |
| **Extent or modalities of interest held or control exercised** (indicate % of interest/ownership, if any) | | |  | | | | | |
| **Effective Date (day, month, year) on which the beneficial owner became a beneficial owner** | | |  | | | | | |
| **Effective Date (day, month, year) on which person ceased to be a beneficial owner** | | |  | | | | | |

*And other beneficial owner of Councilor 1 by replicating the above table, if any.*

**Councilor 2**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Councelor’s name** | |  | | | | | | |
| **Name & Surname** | |  | | | | | | |
| **Date of birth** | |  | | **Place of birth** | |  | | |
| **National ID/Passport No** | |  | | | | **Country of issue**: | | |
| **Tax identification No** | |  | | | | | | |
| **Country of domicile or residence** | |  | | **Town** |  | | **Street** |  |
| **Nationality** | |  | | **Telephone** | |  | | |
| **Email** |  | | | | | **P.O. Box** | |  |
| **Nature of interest held in or control exercised over the foundation** | | |  | | | | | |
| **Extent or modalities of interest held or control exercised** (indicate % of interest/ownership, if any) | | |  | | | | | |
| **Effective Date (day, month, year) on which the beneficial owner became a beneficial owner** | | |  | | | | | |
| **Effective Date (day, month, year) on which person ceased to be a beneficial owner** | | |  | | | | | |

*And other beneficial owner of Councilor 2 by replicating the above table, if any.*

**Councilor 3**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Councelor’s name** | |  | | | | | | |
| **Name & Surname** | |  | | | | | | |
| **Date of birth** | |  | | **Place of birth** | |  | | |
| **National ID/Passport No** | |  | | | | **Country of issue**: | | |
| **Tax identification No** | |  | | | | | | |
| **Country of domicile or residence** | |  | | **Town** |  | | **Street** |  |
| **Nationality** | |  | | **Telephone** | |  | | |
| **Email** |  | | | | | **P.O. Box** | |  |
| **Nature of interest held in or control exercised over the foundation** | | |  | | | | | |
| **Extent or modalities of interest held or control exercised** (indicate % of interest/ownership, if any) | | |  | | | | | |
| **Effective Date (day, month, year) on which the beneficial owner became a beneficial owner** | | |  | | | | | |
| **Effective Date (day, month, year) on which person ceased to be a beneficial owner** | | |  | | | | | |

*Add other beneficial owner of Councilor 3 by replicating the above table, if any.*

1. **PARTICULARS OF THE FOUNDATION’S EXECUTIVE SECRETARY**
2. **Individual Secretary**

|  |  |  |
| --- | --- | --- |
| Full names |  | |
|  |  | |
| ID No /Passport No |  | |
|  |  | |
| Nationality |  | |
|  |  | |
| Address |  | |
|  | Tel |  |
|  | Email |  |
|  | Postal Address |  |
|  | Province |  |
|  | District |  |
|  | Sector |  |
|  | Cell |  |
|  | Street |  |
|  |  |  |
| Signature | |  |

1. **Corporate Secretary**

|  |  |  |
| --- | --- | --- |
| Corporate name |  | |
|  |  | |
| Registration No |  | |
|  |  | |
| Nationality |  | |
|  |  | |
| Registered Address |  | |
| Names & Position of the signatory | |  |
| Signature | |  |

**Provide details of the natural person(s) owning or controlling the Corporate Secretary**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Secretary’s name** | |  | | | | | | |
| **Name & Surname** | |  | | | | | | |
| **Date of birth** | |  | | **Place of birth** | |  | | |
| **National ID/Passport No** | |  | | | | **Country of issue**: | | |
| **Tax identification No** | |  | | | | | | |
| **Country of domicile or residence** | |  | | **Town** |  | | **Street** |  |
| **Nationality** | |  | | **Telephone** | |  | | |
| **Email** |  | | | | | **P.O. Box** | |  |
| **Nature of interest held in or control exercised over the foundation** | | |  | | | | | |
| **Extent or modalities of interest held or control exercised** (indicate % of interest/ownership, if any) | | |  | | | | | |
| **Effective Date (day, month, year) on which the beneficial owner became a beneficial owner** | | |  | | | | | |
| **Effective Date (day, month, year) on which person ceased to be a beneficial owner** | | |  | | | | | |

*Add other beneficial owner of Secretary, if any, by replicating the above table.*

**Applicant’s declaration (**Founder or Executor)[[2]](#footnote-2)

I confirm that this application and all the documents submitted in support of this application comply with the requirements of Law No 059/2021 of 14/10/2021 governing foundations.

I confirm that the information submitted in this document is true and accurate as at the date hereof.

|  |  |
| --- | --- |
| Names |  |
| Signature |  |

Date (DD Month YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \* This is filled only for foundations registered by an executor [↑](#footnote-ref-1)
2. \* This part is completed by the person who is presenting the application to the ORG. This may be the founder, executor or any other person legally authorized by them. In case a legally authorized person, the power of attorney should be provided. [↑](#footnote-ref-2)