

FORM 5



REPUBLIC OF NAURU

REGISTRATION OF ASSOCIATIONS ACT 2020

[Section 21; Regulation 8]

NOTICE TO SURRENDER CERTIFICATE OF REGISTRATION

To:

The Registrar of Associations
Republic of Nauru

PART 1 – ASSOCIATION DETAILS	
Name of association	
Association registration number	
Address	
Telephone	
Email	
Postal address	
PART 2 – PERSON NOTIFYING THE REGISTRAR (<i>executive member of association</i>)	
Full name	
Address	
Telephone	
Email	
PART 3 – REASONS FOR SURRENDER OF CERTIFICATE (<i>attach a copy of the resolution</i>)	
PART 4 – DECLARATION OF CEASING OF ALL ACTIVITIES	
I, the undersigned, declare that:	
<ul style="list-style-type: none">(a) the Association by resolution has resolved to surrender the certificate of registration of association;(b) the Association has ceased all its operations and activities with effect from..... (<i>insert date</i>) or will cease all operations and activities with effect from..... (<i>insert date</i>);(c) the assets, funds including any bank accounts of the Association has been disposed of or closed respectively;(d) an inventory of the disposal of assets or funds shall be provided to the Registrar, if so required;(e) that the information contained in this notice is to the best of my knowledge true and correct and I do state as true and correct.	

And I make this solemn declaration by virtue of the *Oaths, Affirmations and Statutory Declarations Act 1976* conscientiously believing in the statement contained therein to be true in every particular.

Declared at this. day of. 20

Signed and declared by the authorised person:

Full name:

*Before:

(Signature)

(Title)

NOTE: A person making a false statement is guilty of an offence and is liable to imprisonment for 5 years.

**A declaration can be witnessed by any of the following persons under Section 13 of the Oaths Affirmations and Statutory Declarations Act 1976 a Judge, Registrar of the Courts, a Resident Magistrate, member of the Family Court, barrister and solicitor, notary public or commissioner for oaths*

Payment receipt number:

OFFICIAL PURPOSES

Received by:

(Full name of officer)

Date: / / 20

Time: am / pm

Application number: