

CORPORATE AFFAIRS COMMISSION



FORM CAC/IT 4

ANNUAL RETURNS (INCORPORATED TRUSTEES) *(pursuant to Section 690 (1) of CAMA)*

IT Name: _____

IT No.: _____

Year of Return: _____

Financial Year Start: _____

Financial Year End: _____

Gross Income: _____

Gross Expenditure: _____

Particulars of Trustees:

1.

Surname:					
Other Names:					
Nationality					
Residential Address					
	City:		State:		
P. O. Box		E-mail		Tel. No.	

2.

Surname:					
Other Names:					
Nationality					
Residential Address					
	City:		State:		
P. O. Box		E-mail		Tel. No.	

3.

Surname:					
Other Names:					
Nationality					
Residential Address					
	City:		State:		
P. O. Box		E-mail		Tel. No.	

4.

Surname:					
Other Names:					
Nationality					
Residential Address					
	City:		State:		
P. O. Box		E-mail		Tel. No.	

5.

Surname:					
Other Names:					
Nationality					
Residential Address					
	City:		State:		
P. O. Box		E-mail		Tel. No.	

Particulars of Governing Body (Executives)

1.

Surname:					
Other Names:					
Nationality:		Position Held:			
Residential Address:					
	City:		State:		
P. O. Box		E-mail		Tel. No.	

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2.

Surname:					
Other Names:					
Nationality:		Position Held:			
Residential Address:					
	City:		State:		
P. O. Box		E-mail		Tel. No.	

3.

Surname:					
Other Names:					
Nationality:		Position Held:			
Residential Address:					
	City:		State:		
P. O. Box		E-mail		Tel. No.	

4.

Surname:					
Other Names:					
Nationality:		Position Held:			
Residential Address:					
	City:		State:		
P. O. Box		E-mail		Tel. No.	

5.

Surname:					
Other Names:					
Nationality:		Position Held:			
Residential Address:					
	City:		State:		
P. O. Box		E-mail		Tel. No.	

Sources of Income in the Year: _____

Bankers: _____

Bank and Cash Balances as at Financial Year End: _____

Trustees Benefits During the Year: _____

Certification:
We certify that the information given in this form is correct to the best of our knowledge and has been brought to the attention of all the trustees

Signature of Chairman

Signature of Secretary

Name of Chairman & Tel. No.

Name of Secretary & Tel. No.

- Note:**
1. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form
 2. This return should be accompanied by Audited Account of the Association for the year in which the return is made

Presented for filing by:

Name: _____ Accreditation No. (if applicable): _____

Address: _____

Tel. No. & E-mail: _____ Signature & Date: _____