



Application Form for Registration of Foreign Civil Society Organizations

(Form – N003)

List of documents to be accompanied with this application form:

1. Duly Authenticated Certificate of Registration or any document confirming that the Organization is established or registered as a Civil Society Organization from its country of origin;
2. Authenticated By-law or Constituting document of the Organization by which its operations are governed;
3. Duly Authenticated Resolution of its competent organ to operate in Ethiopia;
4. Duly Authenticated Power of Attorney¹ of the Country Representative given by the competent organ of the Organization;
5. Letter of Recommendation written to the Agency from the Ethiopian Embassy in which the Organization is incorporated or, in the absence of such, from Ethiopian Embassy that oversees the Country of incorporation or from Ministry of Foreign affairs of Federal Democratic Republic of Ethiopia;
6. An Action Plan² for a minimum period of two years;

NB: This application form shall be filled and submitted to the Agency along with an official letter of request for registration signed by the Country Representative.

March 2019

FDRE, Agency for Civil Society Organizations

¹ The Power Attorney shall specify the name of the Country Representative (CR) and the full authority entrusted to him/her to legally represent the Organization in Ethiopia.

² The Action Plan shall include Objectives, Beneficiary selection, Implementation Strategy, Expected Result, Staffing, Sustainability, Budget allocation (the budget allocation shall show the 20/80 admin/program cost), and Monitoring and Evaluation.



Part One
To be filled by the applicant CSO

I, the undersigned, Mr/Ms/Mrs. _____ Country Representative of the Organization in Ethiopia, hereby confirm that all information stated below are true and correct.

1. **Name of the applicant Organization** _____

2. **Date of Registration in Country of Origin** _____

3. **Name of the Country of Origin** _____

4. **Address of Head Office in the Country of Origin**

Country _____ City _____ State/Region _____

P.O.Box _____ Fax _____ Tel.No. _____

Web site _____ E-mail _____

5. **Address of Head Office in Ethiopia**

Region/City Administration _____ Zone/Sub-City _____

Woreda _____ Kebele _____ House No. _____

Phone No. _____ Fax No. _____

P.O.Box _____ E-mail _____ Web site _____

6. **Planned places of operation /please tick with this symbol /√/**

- | | | | | | | | |
|-------------------|--------------------------|-----------|--------------------------|-------------|--------------------------|--------|--------------------------|
| Tigray | <input type="checkbox"/> | Afar | <input type="checkbox"/> | Amhara | <input type="checkbox"/> | Oromia | <input type="checkbox"/> |
| Beneshangul Gumuz | <input type="checkbox"/> | Gambela | <input type="checkbox"/> | SNNP | <input type="checkbox"/> | Harari | <input type="checkbox"/> |
| Somalia | <input type="checkbox"/> | Dire Dawa | <input type="checkbox"/> | Addis Ababa | <input type="checkbox"/> | | |

7. **Main Objectives of the Organization /describe briefly/**

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____



8. Planned Budget for two years

No	Year	Budget /ETB /	Remark (If any)
1	2019		
2	2020		

9. **Date of planned Commencement of Operation in Ethiopia :** _____

10. Does the Organization's CR fulfils the requirements provided under Article 68 of Proclamation No. 1113/2019. /please tick with this symbol "√"/

- Yes No

If No, please explain: _____

Declaration: I, the undersigned Mr/Ms/Mrs. _____, Country Representative of the Organization in Ethiopia, hereby confirm that all information filled above are true and correct.

Name: _____ Signature: _____ Date: _____



Part Two

Personal particulars of the Country Representative

PHOTO
Passport
Size

- 1) Full name: _____
- 2) Sex: Male Female
- 3) Date of Birth: DD/MM/YYYY _____
- 4) Marital Status: Single Married
- 5) Nationality: _____
- 6) Passport/Visa: Valid until: _____
- 7) Educational Level
Below First Degree First Degree Masters Degree Above Masters Degree
- 8) Current address of the Country Representative in Ethiopia:
Region/City Administration _____ Zone/Sub-City _____
Woreda _____ Kebele _____ House No. _____
Phone No: Home _____ Mobile _____ P.O.Box _____
E-mail _____

Declaration: - I the Undersigned Country Representative of the Organization in Ethiopia, hereby confirm that all the information filled above are true and correct.

Name: _____ Signature: _____ Date: _____



Part Three

For the Agency use only

- Application letter Submitted to the Record office: Date: _____ Time _____
- The Application letter handed over to the Directorate: Date: _____ Time _____
- Application letter referred to the Registration Officer: Date: _____ Time _____

No.	Documents required for registration	Yes	No	N/A ³
1.	Duly Authenticated Certificate of Registration or any document confirming that the Organization is established or registered as a Civil Society Organization from its country of origin;			
2.	Authenticated By-law or Constituting document of the Organization by which its operations are governed;			
3.	Duly Authenticated Resolution of its competent organ to operate in Ethiopia;			
4.	Duly Authenticated Power of Attorney of the Country Representative given by the competent organ of the Organization;			
5.	Letter of Recommendation written to the Agency from the Ethiopian Embassy in which the Organization is incorporated or, in the absence of such, from Ethiopian Embassy that oversees the Country of incorporation or from Ministry of Foreign affairs of Federal Democratic Republic of Ethiopia;			
6.	An Action Plan for a minimum period of two years;			
7.	Copy of Passport & Visa of CR;			
8.	Application form is filled properly;			

- Opinion of the Officer _____

Name _____ Signature _____ Date _____ Time _____

- Decision of the Director of the Directorate⁴ _____

³ Not Applicable

⁴ If the Director of the Directorate has approved the Re-registration, he/she has to submit the Certificate of Re-registration for Signature to the Director General or Deputy Director General of the Agency.



Name _____ Signature _____ Date _____ Time _____