

AFFILIATE PROFILE FORM



| PROFILE | | |
|---|-------------------------|------------------------|
| Name of Organisation | | Founding Year: |
| Legal Status (CLG, Society etc.) | | Date: |
| IPC Status (Singapore only) | Registration No: | Date: |
| Name of Chairman | | Term of Office: |
| Mailing Address | | Website: |
| Email | | Office Contact: |

| STAFFING & PERSONNEL | | | |
|-----------------------------------|-------------|-------------|-------|
| A. Key Appointment Holders | | | |
| Name of Key Appointment Holders | Designation | Contact No. | Email |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| B. Contact Persons | | | |
| Name of Contact Person Details | Designation | Contact No. | Email |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| C. Full-Time Staff | | | |
| Name of Full-Time Staff | Designation | Contact No. | Email |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

MISSION DETAILS

| | |
|----------------------------------|---|
| Mission & Purpose | Summary Description <i>(Please describe in a brief paragraph the background, purpose and mission of your group, which may be used in CHARIS Annual Reports)</i> |
| Countries of Mission Work | List of the Key Countries Served: 1. 2. 3. |
| Nature of Mission | <input type="checkbox"/> Construction <input type="checkbox"/> WaSH <input type="checkbox"/> Others: <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Education _____ |

MISSION ACTIVITIES

| | |
|---|--|
| Average Number of Regular Meetings | |
| Average Number of Overseas Mission Trips Per Year | |

PAST-MISSION TRIPS (Recent Examples)

| Date of Mission | Host Country | Description of Work | No. of Participants |
|-----------------|--------------|---------------------|---------------------|
| | | | |
| | | | |
| | | | |

PLANNED-MISSION TRIPS (Immediate Ones Only)

| Date of Mission | Host Country | Description of Work | No. of Participants |
|-----------------|--------------|---------------------|---------------------|
| | | | |
| | | | |
| | | | |

OTHER MEMBERSHIPS/AFFILIATIONS

| | |
|---|----|
| Name of Catholic Organisation in Singapore <i>(if Applicable)</i> | 1. |
| | 2. |
| Name of Global Network/Organisation <i>(if Applicable)</i> | 1. |
| | 2. |

VOLUNTEERS

Number of Total Volunteers

Number of Active Volunteers

FINANCIAL

Average Amount Raised Per Year

Average Grants from CHARIS Per Year

Average Amount Disbursed Per Year

Average Bank Balance

DECLARATION

By completing this form, we agree to the following:

- (a) that the information stated herein to be true and accurate, and we shall keep CHARIS updated of any changes;
- (b) to authorize CHARIS to collect, use and release the information in this form for the purposes of undertaking the mission and purpose of CHARIS;
- (c) to abide by the operating procedures and guidelines set out by CHARIS at any time to enable our work as well as for CHARIS' management of affiliates; in particular, we agree to sign the Agency Agreement (or any other document prepared by CHARIS), where necessary, in relation to any fundraising activity and the remittance of funds to overseas beneficiaries.

Name of Affiliate: _____

Name of Representative: _____

Signature of Representative :

Date :