

MINISTRY OF SOCIAL TRANSFORMATION, YOUTH AND SPORTS

NOTIFICATION OF FBO'S EXISTENCE

NAME (S) OF PERSON HEADING THE FBO:.....
 LAST NAME FIRST NAME OTHER NAME(S)

PLACE OF BIRTH:.....	SOCIAL SECURITY NO. :.....		
NATIONALITY:.....	GENDER: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="padding: 2px 5px;">M</td><td style="padding: 2px 5px;">F</td></tr></table>	M	F
M	F		
CONTACT INFORMATION: TEL #..... MOBILE#..... FAX#..... E-MAIL:.....	PLACE OF RESIDENCE (ADDRESS):		

NAME OF LOCAL FBO:.....		MEMBERSHIP:.....						
MAILING ADDRESS OF LOCAL FBO:	ADDRESS OF REGULAR MEETING PLACE:	DATE ESTABLISHED IN SAINT LUCIA:						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px 5px;">DAY</td> <td style="padding: 2px 5px;">MONTH</td> <td style="padding: 2px 5px;">YEAR</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR						

NAME OF 'HEAD/PARENT' FBO: ADDRESS OF 'HEAD/PARENT' FBO:	CONTACT INFORMATION: TEL #..... MOBILE#..... FAX#..... E-MAIL:.....
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Background of the head/parent FBO:

Declaration of Beliefs:

NB: Additional information which should be provided/attached: (1) Statutory Declaration verifying membership.

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SIGNATURE

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DATE

DATE