Form A-5 | Notice of intent to apply for the incorporation of an association Section 6(1), Associations Act 2020

1. Proposed name for association

Note: the name of the association may not be identical or almost identical to the name of another active local association, company, overseas company, business name, business group or active reservation of name. The name of the association may not mislead the public about the nature of the proposed activities and must not be deceptive or offensive. You may provide up to three proposed names for your association. If the preferred name is unavailable then the second option will be accepted. If the second option is also unavailable then the third option will be accepted.

Preferred name:	
Second option:	
Third option:	

2. Particulars of person submitting this application

The following person(s) is authorized by the committee to act on behalf of the proposed association with regard to its incorporation.

Name | Initials are insufficient. Please provide the full legal name. Full name (required) Nationality (required) Other nationalities, if applicable **Residential address** Address line 1. Instructions: enter street name and number, or allotment and section number or village name. PO Box is not allowed (required) Address line 2. Instructions: use this line if needed (such as for apartment or suite number) (optional) City/Town/village (optional District (required) Province (required) Country (required) Post Code (optional) **Postal address** PO Box or Private Mail Bag (required) Post office location City/ Town/ Village (optional) District (required) Province (required) Country (required) Post Code (optional)

3. Details of the qualifications, if any, to become a member of the proposed association
4. A statement of the objectives of the proposed association (required)
5. Statement regarding profits (required) The association will only apply its profits (if any) or other income in promoting its objectives.
Yes
6. Statement regarding dividends or distributions (required) The association will prohibit the payment of any dividend or distribution or other payment in the nature of a dividend or distribution to its members.
Yes
7. Additional documentation required to be submitted This Notice must be assembled by a serve of the proposed rules (required) and any trusts relating

This Notice must be accompanied by a copy of the proposed rules (required) and any trusts relating to the association, and, if the rules or trusts are embodied in a deed, a copy of the deed.

8. Addresses for the proposed association

A. Email address for association Email address (required): This is the address to which communications from the Registrar will be sent. An email is required. **B. Postal address** PO Box or Private Mail Bag (required) Post office location (optional) City/ Town (optional) District (required) Province (required) Postcode (optional) C. The location of the principal place of business for the association: Address line 1. Instructions: enter street name and number, or allotment and section number. PO Box is not allowed (required) Address line 2. Instructions: use this line if needed (such as for apartment or suite number) (optional) Town/village (optional) District (required) Province (required) Postcode (optional)

Address line 1. Instructions: enter street name and number, or allotment and section number. PO Box is not allowed (required) Address line 2. Instructions: use this line if needed (such as for apartment or suite number) (optional) Town/village (optional) District (required) Province (required) Postcode (optional)

9. Names of proposed initial committee members
Name | Initials are insufficient. Please provide the full legal name.

A. First committee member

Full name (required)						
Nationality			Other	nationalities, if	f applicable	-
Gender	Month an	nd year of birth (require	d)			
Male Female		/				
Email address An email address is not mandat required to use the online regis		Email address:				
Residential address Address line 1. In PO Box is not allo			number, or allot	ment and secti	ion number or village name.	
Address line 2. In	structions:	use this line if needed	(such as for apa	rtment or suite	e number) (optional)	
City/Town/Villag	ge (optiona	1)				
District (required	l if PNG ado	dress)				
Province/State/1	erritory or	equivalent (Province 1	required if PNG a	address)		
Country (requir	ed)				Postcode (optional)	

First committee member (continued) **Postal address** $Address\ line\ 1.\ \ PO\ Box\ or\ Private\ Mail\ Bag\ required\ if\ in\ PNG$ Post office location City/Town District (required) Province (required) Country (required) Postcode (optional) **B. Second committee member** Full name (required) Nationality Other nationalities, if applicable Month and year of birth (required) Male Female

Email address:

Gender

Email address

An email address is not mandatory, but is required to use the online registry.

Second committee member (continued)

Residential address

Address line 1. Instructions: enter street name and number, or allotment and se PO Box is not allowed (required)	ction number or village name.
Address line 2. Instructions: use this line if needed (such as for apartment or su	ite number) (optional)
City/Town/Village (optional)	
District (required if PNG address)	
Province/State/Territory or equivalent (Province required if PNG address)	
Country (required)	Post Code (optional)
Postal address	L
Address line 1. PO Box or Private Mail Bag required if in PNG	
Post office location	
City/Town	
District (required)	
Province (required)	
Country (required)	Post Code (optional)

C. Third committee member (continued) Full name (required) **Nationality** Other nationalities, if applicable Gender Month and year of birth (required) _ Male Female **Email address** Email address: An email address is not mandatory, but is required to use the online registry. **Residential address** Address line 1. Instructions: enter street name and number, or allotment and section number or village name. PO Box is not allowed (required) Address line 2. Instructions: use this line if needed (such as for apartment or suite number) (optional) City/Town/Village (optional) District (required if PNG address) Province/State/Territory or equivalent (Province required if PNG address) Postcode (optional) Country (required) **Postal address** Address line 1. PO Box or Private Mail Bag required if in PNG Post office location City/Town District (required) Province (required) Country (required) Postcode (optional)

D. Fourth committee member

Full name (required)					
Nationality			Other	nationaliti	es, if applicable
Gender	Month and	year of birth (required)			
Male Female					
Email address An email address is not mano required to use the online re		Email address:			
Residential address	L				
Address line 1. PO Box is not a			er, or allot	ment and s	section number or village name.
		<i>y</i> w)			
A.1.1. 11. 2	*	.1. 16. 1.16.1			
Address line 2.	Instructions: u	se this line if needed (such	as for apar	tment or	suite number) (optional)
City/Town/Vill	age (optional)	_			
District (requir	ed if PNG addre	ess)			_
Province/State	/Territory or e	quivalent (Province requir	ed if PNG a	ddress)	
Country (requ	ired)				Post Code (optional)
Postal addre					
		rivate Mail Bag required if	in PNG		
Post office loca	tion				
City/Town					
District (requir	ed)				
Province (requ	ired)				
Country (requi	red)				Post Code (optional)
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E. Fifth committee member Full name (required) **Nationality** Other nationalities, if applicable Gender Month and year of birth (required) Male Female **Email address** Email address: An email address is not mandatory, but is required to use the online registry. **Residential address** Address line 1. Instructions: enter street name and number, or allotment and section number or village name. PO Box is not allowed (required) Address line 2. Instructions: use this line if needed (such as for apartment or suite number) (optional) City/Town/Village (optional) District (required if PNG address) Province/State/Territory or equivalent (Province required if PNG address) Country (required) Post Code (optional) **Postal address** Address line 1. PO Box or Private Mail Bag required if in PNG Post office location City/Town District (required) Province (required) Country (required) Post Code (optional)

The following is the intended principal activity to be conducted by th	s association (tick only	1 box):	
Culture and arts			
Sports, recreation and social club			
Education and research			
Health			
Social services			
Environment			
Economic, social and community development			
Employment and training			
Civic and advocacy organizations			
Law and legal services			
Political organisations			
Charitable organizations or grant-making organizations			
International activities			
Religious organisations			
Business and professional associations, unions			
11. Signed authorised person			
I certify that I have been authorized by the committee of the as to apply for the incorporation of an association under the information in this form is true and correct.			
Name:	Signature:		
(Please give first name(s) followed by surname in BLOCK letters)			
	Date:	/ /	
12. Checklist The following must accompany this filing:			
Documents required to be submitted as set forth in the application.		ovido the required	
If there is insufficient space on this Notice to provide all required information, provide the required information on a separate sheet while ensuring to maintain the presribed format.			
The prescribed fee. Please make cheques payable to 'Registrar o	Companies'.		