



Commissioner for Voluntary Organisations
 Office Of the Commissioner for Voluntary Organisations
 Sajjan Lane, National Road,
 Il-Hamrun HMR1680

DECLARATION ON VO's OFFICIAL ADDRESS

I, _____

as _____ (*position in the voluntary organisation*)

of the Voluntary organisation (VO/ _____)(*include VO number*) declare that with the strength of the signed resolution dated _____, copy of which is attached (*attach resolution*), the organisation has chosen the following address:

_____ to be the official address of the organisation as from _____ (*date*) as required in article 12(b) of the Voluntary Organisations Act (Chapter 492 of the Laws of Malta).

Tick where appropriate

- VO owns property; or
- VO leases property; or
- VO was granted use of property
- I/we _____ bearing ID card number/s _____, am/are authorising the Voluntary Organisation (VO/ _____) to register my/our premises

_____ as its legal official address.

Signature of President

Full Name _____

ID No: _____

Signature of owner/s if applicable

Full Name _____

ID No _____ (*attach copy of ID*)

Signature of General Secretary

Full Name _____

ID No: _____

Signature of Treasurer

Full Name _____

ID No _____

Dated _____ **day of** _____ **of the year** _____

Please submit original form with original signatures