To the Commissioner for Voluntary Organisations

Office Of the Commissioner for Voluntary Organisations

Sajjan Lane, National Road

Il-Ħamrun ĦMR1680

**DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (position in the organisation) of the organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (VO number \_\_\_\_\_\_\_\_ if applicable) declare that with the strength of the signed resolution dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_, copy of which is attached, the organisation has chosen the address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be the official address of the organisation as from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert date) as required in article 12(b) of Chapter 492 of the Laws of Malta.

Tick the appropriate statement whichever applicable:

□ **Organisation owns property** (provide contract or other confirmation if available)

□ **Organisation leases property** (*provide lease contract or other confirmation if available)*

□ **Organisation was granted use of property** (*provide any confirmation available, and if no other confirmation is available, owner or representative of owner is to fill and sign below:*

*I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bearing ID card number\_\_\_\_\_\_\_\_\_\_* ***or*** *Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Company Number \_\_\_\_\_\_\_\_\_\_ and represented by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bearing ID Card number \_\_\_\_\_\_\_\_\_\_, as applicable, am/are authorising the Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (VO number \_\_\_\_ if applicable) to register the following premises \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as its legal official address.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Signature of Owner (or representative****)*

*Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Signature of Administrator 1 Signature of Administrator 2***

***Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Dated \_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_of the year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**