

[www.societies.govt.nz](http://www.societies.govt.nz) | 0508 SOCIETIES | 0508 762 438

Send us your completed form by email to [compliance@companies.govt.nz](mailto:compliance@companies.govt.nz) or by post to Companies Office, Private Bag 92061, Victoria Street West, Auckland 1142

## Request to restore a charitable trust board

Section 26 of the Charitable Trusts Act 1957

### NOTES

- > Where the Registrar of Incorporated Societies is satisfied that a declaration to dissolve a Board was made in error, the Registrar can issue a further declaration revoking the dissolution (restore to the register). This is given effect by notice in the Gazette.
- > A member of the Board or a creditor can initiate the restoration process by completing this form and sending it to the Registrar.

### 1. Name of Board

### 2. Registered number

### 3. Request details

request that the above Board be restored to the Register on the following grounds *(please tick the one that applies)*

It is still carrying on its operations; or

Other reasons *(please specify)*

### 4. Checklist before filing your request

Have you completed both pages of this form?

Have you checked that the Board's name is still available by conducting a **Register Search** at [www.societies.govt.nz](http://www.societies.govt.nz) and [www.companies.govt.nz](http://www.companies.govt.nz) ?

**Name of Board**

**Please provide the following details about the Board**

*Note — Where a creditor is making the request these details may be omitted.*

**5. Address for registered office**

*This address must be a physical (street) address*

**6. Address for premises (optional)**

*Where provided, this address must be a physical (street) address*

**7. Address for communication**

*Postal address (e.g. P O Box) to which communications from the Registrar may be sent.*

**8. Email address for communication**

*The Registrar may contact the Board using the email address for communication. This address will not be made publicly available*

**9. Signed**

Signature: .....

*Date*

Role of signatory

Member of the Board, or

Creditor, or

Other authorised person

*Please state role*

**10. Your contact details**

*Name*

*Email*

*Telephone*

*Postal address*