

www.societies.govt.nz | 0508 SOCIETIES | 0508 762 438

Post your completed form to: Companies Office, Private Bag 92061, Victoria Street West, Auckland 1142

Request to restore a charitable trust board

Section 26 Charitable Trusts Act 1957



Where the Registrar of Incorporated Societies is satisfied that a declaration to dissolve a Board (remove it from the register) was made in error, the Registrar can issue a further declaration revoking the dissolution. 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.

The Registrar of Incorporated Societies will endeavour to process your application on the day it is received, however the Registrar must give public notice, so it may be up to three weeks before restoration takes place.

1. Name of Board

2. Registered number

I,

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)

3. 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 and www.companies.govt.nz ?

Request to restore a charitable trust board

Name of Board

Please provide the following details about the Board

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

4. Address for registered office

This address must be a physical (street) address .

5. Address for premises (optional)

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

6. Address for communication

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

7. Email address for communication

The Registrar may contact the Board by email - this address will not be publicly available

7. Signed

Signature Date

Role of signatory

- Member of the Board; or
 Creditor; or
 Other authorised person (Please state role)

8. My contact details

Name and postal address

Email (optional)

Telephone