



Instructions on Completing the Registration of Charitable Organizations (MIRA 103, version 12.1)

Complete this form to register your organization / entity as a charitable organization with the MIRA.

Section 10(e) of the Business Profit Tax Act (Law Number 5/2011) allows deductions in computing taxable profits, in respect of donations made to a body, association or public institution which is approved by the MIRA and established for the promotion of Islam, relief of the poor, medical relief, education or any other object of similar general public utility.

Section 15(a)(3) of the Act exempts such bodies, associations and public institutions from Business Profit Tax. Organizations falling within Section 10(e) and Section 15(a)(3) of the Act who wish to be approved by the MIRA under these Sections are required to submit this application to MIRA.

If you are submitting this form via email, scan the original of the completed form and email to registration@mira.gov.mv along with the required documents.

① Are you registered in the Maldives?

This section indicates whether you are registered in the Maldives.

Select 'Yes' if you are registered with the relevant Government authority under the Associations Act (Law Number 1/2003) or is established in the Maldives pursuant to an Act of the Parliament.

For Example:

1. Are you registered in the Maldives? Yes No

② Nature of the Organization

Select the type which best describes your organization.

Promotion of Islam:

This refers to organizations/entities that work to spread the news of Islam or conduct awareness programs to promote Islam.

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Education

This refers to organizations/entities that provide education for public welfare and other related activities that have a non-profit motive.

Relief of the Poor

This refers to organizations/entities established to help the poor people in the society through funding, carrying out awareness campaigns or other related work.

Medical Relief

This refers to organizations/entities set up in order to help people in medical crises and provide financial aid or carry out other related work to support them.

Other Public Utility

This refers to organizations/entities that do not fall into any criteria above, but works for public welfare. The organizations/entities that were established for providing humanitarian aid, conserving the environment or wildlife, enhancing social well-being, promoting cultural activities, promoting sports and recreational activities, developing a profession or an industry, or for developing a regional or island community would fall into this criteria. Please specify the details in this box.

For Example:

2. Nature of the Organization	<input type="radio"/> Promotion of Islam	<input type="radio"/> Relief of the Poor
	<input type="radio"/> Education	<input type="radio"/> Medical Relief
	<input checked="" type="checkbox"/> Other Public Utility → Please Specify	<input type="text" value="Sports"/>

③ Purpose of the Organization

Provide here a brief description of the objective(s) of the organization.

For Example:

3. Purpose of the Organization	<input type="text" value="To promote sports activities among youth"/>
<small>Brief description of the objectives of the organization</small>	

④ About the Organization

This Section includes the details of the organization.

(a) Name of the Organization

Enter the name of the entity or the charitable organization here.

(b) Registration Number:

State here the registration number issued to you by the relevant Government or State Institution.

(c) Registered Address:

Enter your registered address as stated in your registration certificate here.

State your 'House Name/Building Name', 'Level', 'Apartment Number', 'Street', 'Atoll/ City', 'Island/District', 'Postcode', and 'Country' here.

(d) Registration Date:

State here the registered date of the organization as stated in the registration certificate.

(e) Contact Number(s):

Enter your contact details here.

State your 'Telephone Number', 'Mobile Number' and 'Fax Number'.

(f) Email Address:

Enter your 'Email Address' here.

(g) Executive Board Members:

This refers to the members of the executive committee of the organization. You must provide details of at least two members. Please use additional sheets if required.

Enter the Name, Permanent Address and ID Number of the Executive Board Member as it appears on his/her National Identity Card /Work Permit Card.

For Example:

4. About the Organization		
(a) Name of the Organization	Sample sports club	
(b) Registration Number	10-C/95/14	
(c) Registered Address	Sample house 1	
	House Name / Building Name Level Apartment Number	
	Sample street	
	Street Atoll / City	
(d) Registration Date	Male 12165 Maldives	
	Island / District Postcode Country	
	2 9 0 9 2 0 1 4	
(e) Contact Number(s)	960 7777777	
	Telephone Mobile Fax	
	Sample.sports@maldives.com	
(f) Email Address	Sample.sports@maldives.com	
	(g) Executive Board Members	
	<i>You must provide details of at least two members. Use additional sheets if necessary.</i>	
	1 Fathimath Saeeda	A 280269
	Name National Identity Card Number	
	Sample house1	960 7000456
	Permanent Address Contact Number	
	2 Ibrahim Rasheed	A 962269
	Name National Identity Card Number	
	Sample house11	960 7123786
	Permanent Address Contact Number	
	3 Ahmed Isaam	A 251269
Name National Identity Card Number		
Sample house111	960 7123456	
Permanent Address Contact Number		

5 Do you conduct any form of business activity?

Select 'Yes', if you conduct any form of business activity.

If your answer is 'No' please go to question 7.

For Example:

5. Do you conduct any form of business activity? Yes No

6 Taxpayer Identification Number (TIN)

All Persons conducting business activities in the Maldives are required to register with the MIRA under the Tax Administration Act (Law Number 3/2010). If you have not registered yet, please submit MIRA 101 (Taxpayer Registration) along with this application in order to obtain your Taxpayer Identification Number.

Please provide your TIN here. If you are submitting MIRA 101 form along with this application you may leave this box blank.

For Example:

6. Taxpayer Identification Number (TIN)

1 2 3 4 5 6 7 B P T 0 0 1

All Persons conducting business activities in the Maldives are required to register with the MIRA under the Tax Administration Act (Law Number 3/2010). If you have not registered yet, please submit MIRA 101 (Taxpayer Registration) along with this application in order to obtain your Taxpayer Identification Number.

7 Person to contact regarding this application

This is the person that MIRA will contact regarding the application form.

Please enter the relevant details of the person here.

For Example:

7. Person to contact regarding this application

Mohamed Usaam	960 7123999
Name	Contact Number(s)
President	President@sports.maldives.com
Designation	Email Address

Document Checklist

The following documents must be submitted along with this application.

- Registration Certificate
- Business Permits (if any)
- Articles of Association
- Memorandum of Association
- Profile of organization, detailing past activities and future plans

Please tick the documents that you are submitting along with the application.



For Example:

Document Checklist	
<i>Tick the documents you have presented with this application.</i>	<input checked="" type="checkbox"/> Registration Certificate
	<input checked="" type="checkbox"/> Business Permits (if any)
	<input checked="" type="checkbox"/> Articles of Association
	<input checked="" type="checkbox"/> Memorandum of Association
	<input checked="" type="checkbox"/> Profile of organization, detailing past activities and future plans

Declaration

The declaration must only be signed by one of the executive board members in 4(g) of this application. State your 'Name' (name should be stated as it appears on your National ID Card / Immigration ID Card), 'Contact Number', 'Designation' and the 'Date' the declaration is signed. Companies, partnerships, trusts, cooperative societies and other legal entities must stamp their official seal next to the signature.

For Example:

Declaration	
I declare that the information given on this form is true and correct, and that I am authorised to sign this application. This declaration shall only be signed by one of the executive board members in 4(g) of this application.	
Mohamed Usaam	960 7123999
Name	Contact Number(s)
President	2 9 0 9 2 0 1 4
Designation	Date
	
Signature & Seal	

For Office Use Only

Leave this part blank.

For Example:

For Office Use Only			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By	Received Date	Entered By	Number