

APPLICATION FOR INCOME TAX REGISTRATION FOR CANADIAN AMATEUR ATHLETIC ASSOCIATIONS AND CANADIAN CHARITIES

RECEIVED REÇU

PLEASE READ THE INSTRUCTIONS ON THE PERFORATED FLAPS. You will need the information to properly complete this form. The numbered paragraphs in the instructions match the numbers on this form.

All organizations, corporations, trusts, etc. who want to become registered charities or registered Canadian amateur athletic associations must complete this form.

PART I - IDENTIFICATION

1. Name of applicant	REVENUE CANADA	REVENUE CANADA	CHARITIES DIVISION DIVISION DES ORGANISMES DE BIENFAISANCE
MUSLIM ASSOCIATION OF CANADA			
2. Mailing address (Street and no., P.O. Box or R.R. No.)			
5 ANN STREET, SUITE 401			RECEIVED - REÇU
3. City or town	4. Province	5. Postal code	
MISSISSAUGA	ONTARIO	L5G 3E8	
			9. Fiscal year-end Day Month
			31 12

PART II - SUPPORTING INFORMATION

Attached

10. Please attach an official copy of each of the governing documents under which the applicant was established.

Does your organization have by-laws? Yes No

If yes, please attach an official copy.

11. Please attach a statement of activities setting out fully the activities and programs to be carried on by the applicant to further each of the objectives or purposes set out in its governing documents.

12. Please attach financial statements for the last completed year or fiscal year of operation. If the applicant is not yet in operation, you should attach a copy of a proposed budget or estimate of income and expenditures, as well as anticipated assets and liabilities for the first year of operation.

13. Please attach a list of officers showing the full name, address and occupation of all the executive or directing officers of the applicant, including, in the case of a parish or congregation, the name of the priest, pastor, minister, or religious leader in charge.

14. Is the applicant seeking registration as: a charity?

or

a Canadian amateur
athletic association?

15. Does the applicant own (or intend to own) real property, i.e., land or buildings? Yes No

If Yes, please state below the name in which title to the real property will be registered.

Name

MUSLIM ASSOCIATION OF CANADA

PART III – FOR CHARITIES ONLY**Only those applying for registration as charities need to answer questions 16, 17 and 18**

	Yes	No
16. Has the applicant been formed for the purpose of giving more than 50% of its income to other registered charities or other "qualified donees?"	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are 50% or more of the directing officers named in number 13 (front page) related to any other person named in the list? If any of the executive or directing officers are related by blood, marriage, adoption, common-law relationship or close business or corporate ties (e.g., business partners, employers and employees), please indicate this relationship on the list provided in response to question number 13 on the front of this form.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. To the best of your knowledge, will the applicant receive more than 50% of its funds from one person, or from a group of persons who are related to each other?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes, please explain the funding arrangement:

PART IV – CERTIFICATION**19. We hereby certify that the information given in this application and in all documents attached is true and correct.**

Officers Name (please print)	MAHMOUD AKIL	Date	NOV. /97
Position or office within organizational structure of the applicant	PRESIDENT	Business Telephone Number	()
Officers Name (please print)	SHAFAF SHARAFELDIN	Home Telephone Number	()
Position or office within organizational structure of the applicant	SECRETARY	Date	NOV. /97
		Business Telephone Number	()
		Home Telephone Number	()

It is a serious offence to make false or deceptive statements.**20. Name, address and telephone number of authorized representative, if different from 19 above:**