



NATIONAL COMMISSION FOR PERSONS WITH DISABILITY

National Secretariat Old Horticulture Building, New England Ville, Freetown

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REGISTRATION OF DISABLED PERSON ORGANIZATIONS (DPOs), LOCAL NON-GOVERNMENTAL ORGANIZATION (S) (LNGOs) AND INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS (INGOs).

FORM A

INSTRUCTIONS:

Please read this Registration Form carefully and follow its instruction. To be fully registered with the National Commission for Persons with Disabilities, all applicant must fulfil the following criteria either as a Disable Persons Organisation (DPO), a Local Non-Governmental Organisation (LNGO), or an International Non-Governmental Organization (INGO).

Criteria for Registration/Renewal of Registration

- (1) All applicants must submit a Letter of Application attached with their Constitution and a Membership List in the case of Disabled Persons Organizations (DPOs).
- (2) LNGO's and INGO applicants are exempted from submitting Membership Lists but must give details of their contact persons as indicated in Form B.
- (3) All applicants must present evidence of Registration with the Ministry of Social Welfare, the Ministry of Planning and Economic Development and the District Council as the case may be.
- (4) Application for renewal of Registration must be accompanied by a Comprehensive Annual Report of the applicant organization.

FOR OFFICIAL USE ONLY

Date Application Received	
Date Application Issued	
Not Recommended for issuances of Certificate:	
Recommendation for issuance of Certificate:	
Name of Officer:	
Designation:	
Signature and Date:	

FORM B
APPLICANT ORGANISATIONAL DETAILS

1.0: Nomenclature

Name of Organization	
Acronym	
Type of Organization (Tick Box)	<input type="checkbox"/> DPO <input type="checkbox"/> LNGO <input type="checkbox"/> INGO

2.0: Contacts Adress/Persons

Current Adresss	
Telephone/Whatsapp Numbers	
Emails/Website (If any)	
Contact Person (s) 1	
Name	
Designation	
Telephone	
Email	
Contact Person (s) 2	
Name	
Designation	
Telephone	
Email	

3.0: Intervention Pillars of the organization

1	
2	
3	
4	
5	
6	

**FORM D
DECLARATION:**

I,.....(position).....of
(name of organization).....,duly
declare that all information supplied herein are correct and factual and shall work in line with the
Laws and policies of the Government of Sierra Leone governing disability interventions and
development.

Signature.....

Date.....