

Form 6
Notification of changes to charitable entity that is
single entity
Section 40, Charities Act 2005

Single entity details

- 1 Legal name of the single entity.

- 2 Legal name of the parent entity.

- 3 Single entity registration number.

Changes to single entity's details

- 4 New legal name of the single entity.

- Effective date of change

- 5 New other name of the single entity.

- Effective date of change

- 6 New name of the parent entity.

- Effective date of change

- 7 New address for service for the single entity.

- Effective date of change

Form 6—continued

8 New end of financial year / balance date for the single entity. (day/month)

Effective date of change (day/month/year)

9 Changes to other details (optional). Phone (day):

Fax:
Email:
Website:

Changes to charitable purpose

Sectors

10 If your sectors of operation have changed, please indicate what you do now. Please select as many boxes as needed.

<input type="checkbox"/> accommodation / housing <input type="checkbox"/> education / training / research <input type="checkbox"/> health <input type="checkbox"/> environment / conservation <input type="checkbox"/> marae on reservation land <input type="checkbox"/> community development <input type="checkbox"/> emergency / disaster relief <input type="checkbox"/> social services <input type="checkbox"/> employment <input type="checkbox"/> religious activities <input type="checkbox"/> arts / culture / heritage	<input type="checkbox"/> sport / recreation <input type="checkbox"/> care / protection of animals <input type="checkbox"/> international activities <input type="checkbox"/> economic development <input type="checkbox"/> fund-raising <input type="checkbox"/> disability <input type="checkbox"/> promotion of volunteering <input type="checkbox"/> other (please state below)
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Effective date of change (day/month/year)

11 If your main sector of operation has changed, please indicate what it is now. []

Effective date of change (day/month/year)

Form 6—*continued***Activities**

- 12 If your activities have changed, please indicate what you do now. Please select as many boxes as needed.

- | | |
|---|---|
| <input type="checkbox"/> makes grants / loans to individuals | <input type="checkbox"/> provides advice / information / advocacy |
| <input type="checkbox"/> makes grants / loans to organisations (including schools or other charities) | <input type="checkbox"/> sponsors / undertakes research |
| <input type="checkbox"/> provides other finance (eg, investment funds) | <input type="checkbox"/> acts as an umbrella / resource body |
| <input type="checkbox"/> provides human resources (eg, staff / volunteers) | <input type="checkbox"/> provides religious services / activities |
| <input type="checkbox"/> provides buildings / facilities / open space | <input type="checkbox"/> other (please state below) |
| <input type="checkbox"/> provides services (eg, care / counselling) | |

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Effective date of change

(day/month/year)

- 13 If your main activity has changed, please indicate what it is now.

[]

Effective date of change

(day/month/year)

Beneficiaries

- 14 If your beneficiaries have changed, please indicate who they are now. Please select as many boxes as needed.

- | | |
|---|---|
| <input type="checkbox"/> children / young people | <input type="checkbox"/> older people |
| <input type="checkbox"/> voluntary bodies other than charities | <input type="checkbox"/> people with disabilities |
| <input type="checkbox"/> animals | <input type="checkbox"/> general public |
| <input type="checkbox"/> people of a certain ethnic / racial origin | <input type="checkbox"/> migrants / refugees |
| <input type="checkbox"/> family / whanau | <input type="checkbox"/> other (please state below) |
| <input type="checkbox"/> religious groups | |
| <input type="checkbox"/> other charities | |

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Effective date of change

(day/month/year)

Form 6—*continued*

15 If your main beneficiary has changed, please indicate who it is now.

Effective date of change

Areas of operation

16 If your areas of operation have changed, please indicate what they are now. Please select as many boxes as needed.

New Zealand

Nationwide

Or less than nationwide

- | | |
|--|--|
| <input type="checkbox"/> Northland | <input type="checkbox"/> Wellington–Wairarapa |
| <input type="checkbox"/> Auckland | <input type="checkbox"/> Nelson–Marlborough–Tasman |
| <input type="checkbox"/> Waikato | <input type="checkbox"/> West Coast |
| <input type="checkbox"/> Bay of Plenty | <input type="checkbox"/> Canterbury |
| <input type="checkbox"/> Gisborne | <input type="checkbox"/> Otago |
| <input type="checkbox"/> Hawke’s Bay | <input type="checkbox"/> Southland |
| <input type="checkbox"/> Taranaki | <input type="checkbox"/> Chatham Islands |
| <input type="checkbox"/> Manawatu–Wanganui | |

Overseas

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Oceania | <input type="checkbox"/> Antarctica |
| <input type="checkbox"/> Asia | <input type="checkbox"/> South America |
| <input type="checkbox"/> Africa | <input type="checkbox"/> North America |
| <input type="checkbox"/> Europe | |

Effective date of change

17 Identify the percentage of New Zealand-sourced funds that were spent overseas in the last financial year (or if the single entity has not been operating for a year, the percentage of New Zealand-sourced funds that the single entity intends to spend overseas in the upcoming financial year).

Form 6—*continued***Change to officers**

- 18 Do you need to add any new officers of the single entity to the register?

Yes	<i>Please complete an officer certification form</i>
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- 19 Please provide details for each officer of the single entity. This is to ensure that the Charities Commission can match up your officer certification forms with the officers you advise in this form. Please note that each officer or someone on the officer's behalf must complete and sign an officer certification form.

Individual officer

Given or first name:	Surname or family name:
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Body corporate

Name of body corporate:
