FORM FC - 7

		[See rule 15 A	\]			
Darpan ID						
Home Affa	Division (FCRA Wing)	ry of				
Subject: A	pplication for surrender of certificate of	f registration.				
Sir,						
certificate	We (name of person/association), on be of registration to the Central Government of 2010) as per details given below:				for surrender of ation (Regulation) Act,	
1. FCRA	registration number		<u> </u>			
2. a. Details of the person/association):						
(i)	Name in full:					
(ii)	Contact details					
	(a) Address:					
	(b) Official telephone number of the person/association (with STD code):					
	(c) Official e-Mail address:					
(d) Landline/mobile telephone number of the chief functionary (landline with STD code):						
(iii)	(iii) PAN (Permanent Account Number) of the person/association:					
(iv)	(iv) Aadhaar Number of chief functionary:					
a. Detail	ls of registration, in any of person/assoc	ciation:				
(<i>i</i>) Name of the Act (<i>i.e.</i> the Societies Registration Act, 1860 or the Indian Trust Act, 1882 or the Companies Act, 1956/ the Companies Act, 2013) under which the person/association is registered:						
(ii) Registration number, date and place of registration:						
(self-certified copy of the registration certificate to be enclosed)						
b. "FCRA Account" details of the person/association:						
Name of		e-mail	IFSC Code	Account No.	Date of	
the Bank	·	•		-	account opening	
(1)	(2)	(3)	(4)	(5)	(6)	
1.	SBI, New Delhi	(3)	(1)	(3)	(0)	
2.	Another "FCRA Account", if any					
3.	Utilisation account (if any)					
4.	Companion account (if any)					
5.						
<i>J</i> .						
3. I/We (name of person/association)hereby declare that the information furnished above is true and correct. I/We (Name of person/association) also affirm that no accounts other than those mentioned above has been opened for receipt and utilisation of foreign contribution.						
[Name of the chief functionary						
(Chairperson/President/Secretary/CEO/MD) in block letters]						
(Seal of the Person/association)						
Dlo				(Seal Of t	me i cison/association)	
Place:						

Date: