

[www.companiesoffice.govt.nz/charitable-trusts](http://www.companiesoffice.govt.nz/charitable-trusts) | 0508 762 438

Send your completed form to: Companies Office, Private Bag 92061, Victoria Street West, Auckland 1142 or

[compliance@companiesoffice.govt.nz](mailto:compliance@companiesoffice.govt.nz)

## Request to dissolve a charitable trust board

Section 26(1) of the Charitable Trusts Act 1957

### Notes

- › Where the Registrar of Incorporated Societies is satisfied that a board is no longer carrying on its operations, the Registrar may make a declaration that the board is dissolved (removed from the register). The Registrar will give notice of the dissolution in the Gazette.
- › A board may initiate the dissolution process. If your board is no longer operating and you would like to request that it be dissolved, an authorised person (trustee, member of the board or authorised agent) can complete this request form and send it to the Registrar.
- › Please ensure that the board's assets (if any) have been fully distributed and all liabilities discharged in accordance with the board's trust deed or rules before submitting this request.

### Name of charitable trust board

### Trust board number or NZBN

- ☐ I am authorised by the above board to request its dissolution and removal from the register on the grounds that it is no longer carrying on its operations.

In support of this request, I confirm the following information:

*All of the following conditions must apply for the board to be eligible to request dissolution*

- ☐ The board is no longer operating, and
- ☐ The board has no liabilities (debts) including contingent liabilities, and
- ☐ The board has no assets — all surplus assets have been disposed of in accordance with the board's trust deed/rules and the requirements of the Charitable Trusts Act 1957, and
- ☐ The board is not a party to any legal proceedings or general disputes, and
- ☐ A copy of the board resolution to dissolve the board is attached.

**Signature** .....

Signatory's name:

**Designation** ☐ Trustee **or** ☐ Member of the charitable trust board **or** ☐ Authorised agent (Accountant/Lawyer etc)

**Date**

### Presenter details

Name:

Email address:

Telephone number:

Postal address: