

Form - FCRA-Application for seeking permission for transfer of foreign contribution to other un-registered persons (FC-5)

:: Contact Person Details ::

Name *	<input type="text"/>
Address *	<input type="text"/>
Email *	<input type="text"/>
Phone No *	<input type="text"/>

ORGANIZATION DETAILS

Organisation Name *	<input type="text"/>
FCRA Registration No *	<input type="text"/>
Full Address with Pin No *	<input type="text"/>
PAN Number *	<input type="text"/>
Mobile Number *	<input type="text"/>
E-Mail Id *	<input type="text"/>
FCRA Login Id *	<input type="text"/>
FCRA Login Password *	<input type="text"/>
Amount of Foreign Contribution to be Transferred *	<input type="text"/>

Purpose for the proposed transfer of Foreign Contribution *	<input type="radio"/> Religious <input type="radio"/> Cultural <input type="radio"/> Educational <input type="radio"/> Economic <input type="radio"/> Social
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RECEIPT BANK DETAILS

Bank Name *	<input type="text"/>
IFSC Code *	<input type="text"/>
Bank Account No *	<input type="text"/>
Bank Branch Full Address with Pin No *	<input style="height: 100px;" type="text"/>

DOCUMENTS

Signature of Chief Functionary *	<input type="button" value="Browse..."/> No file selected.
Seal of the Organization *	<input type="button" value="Browse..."/> No file selected.
Copy of Registration Certificate (Recipient) *	<input type="button" value="Browse..."/> No file selected.
FCRA Regd. Certificate *	<input type="button" value="Browse..."/> No file selected.

SPONSORED INFORMATION AND FINAL SUBMISSION

Sponsored Name *	<input type="text"/>
If Yes, Give the Sponsored Username	<input type="text"/>