

Due Diligence Form



Date Submitted: DD/MM/YYYY

Submitted By: NAME – ORGANIZATION

Organization Name:	<i>what is the official registered name of the organization?</i>																											
Organization Address:	<i>what is the official address of the organization?</i>																											
Organization Website:	<i>what is the organization's website?</i>																											
Contact Information:	<i>what is the organization's email and phone number?</i>																											
Date of Registration:	<i>what date was the organization registered? DD/MM/YYYY</i>																											
Registration Number:	<i>what is the official registration number provided by the government?</i>																											
Head of Organization:	<i>who is the head of the organization? Please share contact details</i>																											
No. of Staff Members:	<i>how many employees and/or contractors does the organization have?</i>																											
Organization Objective:	<i>what is the organization's mission, vision, and objectives?</i>																											
Areas of Operation:	<i>what locations does the organization work in?</i> <table border="1"><thead><tr><th>Country</th><th>State</th><th>City</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>	Country	State	City																								
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Type of Work:	<i>what causes does the organization work in?</i> <p>❖ Human Development Projects:</p> <p><input type="checkbox"/> Health <input type="checkbox"/> Education <input type="checkbox"/> Hunger <input type="checkbox"/> Water/WASH</p> <p><input type="checkbox"/> Poverty <input type="checkbox"/> Housing <input type="checkbox"/> Ramadan <input type="checkbox"/> Sustainability</p> <p><input type="checkbox"/> Children <input type="checkbox"/> Elderly <input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Other _____</p>																											

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	<p>❖ Emergency Relief Projects:</p> <p><input type="checkbox"/> Floods/Tsunami <input type="checkbox"/> Earthquake <input type="checkbox"/> Fire Outbreak</p> <p><input type="checkbox"/> Shelter/Rehabilitation <input type="checkbox"/> Human Conflict <input type="checkbox"/> Winter Aid</p> <p><input type="checkbox"/> Other _____</p>
Attachments:	<p><input type="checkbox"/> Organization Registration Document/Deed/Constitution</p> <p><input type="checkbox"/> Copies of All Trustee IDs</p> <p><input type="checkbox"/> Previous Year Financial Statements (audited if available)</p> <p><input type="checkbox"/> Active Bank Account Details</p> <p><input type="checkbox"/> Annual Report with Organizational Framework</p> <p><input type="checkbox"/> Recently Completed Project Photos</p> <p><input type="checkbox"/> Project Management Framework</p> <p><input type="checkbox"/> Recently Updated Organization Policies</p>
Review:	<p><i>Has your charity been under investigation by any type of agency?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Have any of your trustees been investigated for any reason?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Have you had any negative media / reporting recently or in the past?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Approved By:	<p><i>For Tayyab Trust Office Use:</i></p>