

## Due Diligence Form



Date Submitted:

Submitted By:

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

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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>
<b>Attachments:</b>	<input type="checkbox"/> Organization Registration Document/Deed/Constitution <input type="checkbox"/> Copies of All Trustee IDs <input type="checkbox"/> Previous Year Financial Statements (audited if available) <input type="checkbox"/> Active Bank Account Details <input type="checkbox"/> Annual Report with Organizational Framework <input type="checkbox"/> Recently Completed Project Photos <input type="checkbox"/> Project Management Framework <input type="checkbox"/> Recently Updated Organization Policies
<b>Review:</b>	<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>
<b>Approved By:</b>	<p style="text-align: center;"><i>For Tayyab Trust Office Use:</i></p>