

CON2

Application for Consent to Amalgamate a Charity with Another Body



Section 16(2) (b) of the Charities and Trustee Investment (Scotland) Act 2005

PLEASE USE BLACK PEN AND CAPITAL LETTERS. Write only in the empty white boxes. Please refer to OSCR Guidance 'Consents and Notifications' before completing this application form.

This form should only be completed if 2 (or more) bodies are coming together to form a new body. Please complete a form for all bodies involved. Amalgamations vary from case to case. Please contact OSCR Consents Team to establish what exact information will be required.

Charity Name (please include under (6) below details of the charity or organisation you are amalgamating with)

Scottish Charity Number

Charity Commission Number (if applicable)

1. Principal contact details

If the organisation has an office, please state the address of the principal office and enter the name of one of the charity trustees (for example a member of the board of directors or management committee), or another relevant person (for example the manager) as the principal contact. If the organisation does not have an office, you MUST enter the name and address of one of the charity trustees.

Please state whether the address given is a principal office address or a charity trustee's home address.

Title

Forename

Surname

Suffix

Preferred Salutation

Designation

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Address Line 5

Postcode

Telephone

Fax

Email

5. Details of amalgamation

a. Please provide a brief statement outlining the proposed amalgamation.

b. Please supply details of **assets and liabilities** that are expected to be transferred to the new body as a result of the amalgamation.

c. Please detail any money or equipment that must be returned to the relevant grantgiving bodies under the terms of the original funding. Please list the assets and relevant donors

6. Is a new body being created as a result of this amalgamation?

Yes

No

This is not an amalgamation, and your application will be considered as a wind-up/dissolution

7. Details of the body that this charity is amalgamating with (this should be the details of the new body)

Name

Charity number (if relevant) (please include a Scottish charity number and, if relevant, a Charity Commission number)

Address 1

Address 2

Address 3

Address 4

Postcode

Is the new body applying for charitable status?

Yes

No

8. Consent from other regulators

Please tell us if you are registered with any other regulators or other bodies, and if you require consent from them in relation to the proposed amalgamation.

Regulator name	Reference number	Consent required?

Data Protection Statement

OSCR is a Non-Ministerial Department of the Scottish Administration. Our data processing activities have been notified to the UK Information Commissioner, and appear on the Public Register with the registration number Z9409201.

Information on this form is processed for the following purposes:

- To regulate charities in Scotland
- To inform investigations into allegations of misconduct, mismanagement or misrepresentation
- To develop a regime of proactive monitoring
- To encourage and facilitate compliance and best practice within charities
- To inform research into the charity sector in Scotland

The information on this form may be shared with Her Majesty's Revenue and Customs and other regulatory bodies. If this application is successful, selected information will be publicly available on the Register of Scottish Charities.

Certification

I certify that the information given in the attached form is correct to the best of our knowledge.

Signed by one of the
Trustees on behalf of all

Print name

Designation

Date

D	D		M	M		Y	Y	Y	Y

Documentation Checklist

Have you completed all the sections of the application form?

Have you included a copy of your constitution?

Have you included the forms for the charities you are amalgamating with (if relevant)?

Have you included a copy of its proposed constitution of the new body?

Evidence of consent from other regulators (if applicable)

Please return the completed form and documentation to:

OSCR
2nd Floor
Quadrant House
9 Riverside Drive
Dundee
DD1 4NY

OSCR will issue a decision within 28 days of receipt unless further information is requested