**Form 1A Annual Self-Disclosures Report**

*Based on requirements of SEBI Circular of September 19, 2022:*

*C -  Annual disclosure by NPOs on SSE which have either raised funds through SSE or are registered with SSE in terms of Regulation 91C of the LODR Regulations,*

*D - Disclosure of Annual Impact Report by all Social Enterprises which have registered or raised funds using SSE in terms Regulation 91E of the LODR Regulations and Annexure I: Guidance notes for listed/ registered NPOs on disclosures of general, governance and finance aspects.*

*Please refer to the SEBI Circular of Sep 19, 2022 and its Annexure for detailed description of requirements.*

**Form 1A covers disclosures of general and governance aspects that are not dependant on statutory financial audit.**  
Form 1B covers *disclosures of general, governance and finance aspects that have a reference to audited financial statements and filings with Income Tax, FCRA, Charity Commissioner, Registrar of Societies, Registrar of Companies and other regulators as applicable.*

**Instructions**

All NPOs participating on the SSE (all registered regardless of whether they have currently listed securities or not)  will **self-report annually in Form 1A Annual Self-Disclosures Report.** A copy will be filed **with the respective SSE within 60 days of the close of the previous financial year.**

Form 1A indicates which fields are mandatory for NPOs based on their annual spending

*Annual Spending as per Audited Financial Statements* of the previous financial year under review.

*S1: Upto Rs1 Cr*

*S2: >Rs1 Cr*

*(These slabs may be reviewed by SEBI, periodically as per need.)*

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# Form 1A.1

***Self-Reported Annual Disclosures***

*of <****organisation name****>*

*with BSE SSE  Registration No: <.......................................>*

*with NSE SSE  Registration No: <.......................................>*

*for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

| **Disclosures on General aspects** |  |  |
| --- | --- | --- |
| ***Item*** | ***S1:  Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
| 1a) Name of the organization *Registered/Legal name*  *Popular name(s), if any*  *The registered name and also any popular names the organization is known by among stakeholders* | *Must reply* | *Must reply* |
| 1b) Location of headquarters and location(s) of operations **Head Quarters : Complete Address**  **Operating Locations :**  Location 1: Purpose and Address  Location 2: Purpose and Address  Location 3: Purpose and Address | *Must reply* | *Must reply* |
| 1c1) Vision Statement *(A vision statement should be no more than one sentence. It should not be more than 20-25 words. It should be simple enough for every employee across all levels to express it easily. It is the end result of your organisation’s work. If your organisation were to work for 30-35 years, what would you visualise as the final state of affairs? Every time you say the vision, you should be able to visualise the end situation. It is the final picture/ photo of the situation in your chosen theme or area of work in the end! It is a description of the “after” picture you would see as a result of your organisation’s work at the end of its lifetime when you believe its purpose is accomplished.)* | *Desirable* | *Must Have* |
| 1c2) Purpose & Mission *Why the organization exists and explain why the cause taken up by the organization matters?*  *What is your organisation aiming to accomplish? Use the below sentence construction format to state your mission.*  *Clearly and concisely state your intended long term impact (description with a broad number)*  *for (beneficiary[[1]](#footnote-1)/ community group/ entity/ segment type)*  *in (geographic area)*  *by (timeframe).* | *Must reply* | *Must reply* |
| 1d) Organisational goals, activities, products and services *Overall objectives of the organisation or activity/intervention/programs or projects. It shall also describe  the organisation activities, including any products and services which the organisation provides.*  *Clearly and concisely, state your organisation’s ultimate goal for intended impact~~.~~ Examine how your goals for the next three to five years (or an alternate timeframe specified in your answer) fit within your overall plan to contribute to lasting, meaningful change.* | *Must reply* | *Must reply* |

## **Disclosures on Governance aspects**

|  |  |  |
| --- | --- | --- |
| **Item** | **S1:  Upto Rs1 Cr** | **S2: More than Rs1 Cr** |
| 2a) Ownership and legal form **Legal Form :**  **(Trust / Society / Sec 8 Company / Others)**  **Ownership (as per table below)**  The organization shall explain the nature of ownership and the legal form on the entity specific to its India operations. | Must Reply | Must Reply |

| **Item** | **S1:  Upto Rs1 Cr** | **S2: More than Rs1 Cr** |
| --- | --- | --- |
| 2b) Governance Structure **(outlines board and management committee structures, mandates, membership, charters, policies and internal controls)**  The governance structure will start from the governance body, the committees / subcommittees (standing/ad hoc) under the governance body and the organization hierarchy for decision making. It outlines board and management committee structures, mandates, membership, charters, policies and internal controls | Must Reply | Must Reply |
| 2c1) The role of the governance body | Must Reply | Must Reply |
| 1. Governing Board / Board of Directors : Yes / No |  |  |
| 1. Number of members in Governing Body : |  |  |
| 1. Names of Committees and number of members   i.  ii.  iii.  iv. |  |  |
| 1. Key Policy Documents of the Social Enterprise in relation to Finance, Operations, Internal Controls and Governance   i.  ii.  iii.  iv. |  |  |

### *2*c2)  List of current  Governing Body/ Board Members/ Trustees and their details

|  |  |
| --- | --- |
| ***S1: Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
| *Must Reply* | *Must Reply* |

| *Serial*  *No.* | *Name* | *Identification[[2]](#footnote-2)* | *Age in years* | *Gender* | *Occupation* | *Relation to other Members   by blood/ marriage[[3]](#footnote-3)* | *Date of Appointment on the Board  (dd-mmm-yyyy)* | *Tenure/ Date of completion of term (dd-mmm-yyyy)* | *Past Tenure details (if any)* | *Position on the Board* | *Provide details of any remuneration and reimbursement paid* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* | *11* | *12* |
| *Explanation* | *Name as in PAN for Indian citizens and  as per passport for foreign nationals* | *PAN*  *Aadhaar &*  *DIN (if available)* | *Age as on 31/3 of FY* | *Male/ Female/ Other* | *Source  of Livelihood and area of competence* | *Mention not related OR related to who & how* | *Date of appointment of Current Tenure* | *Date when tenure got over during the FY or when would current term be over* | *Provide details of all past tenures (from dd-mmm-yyyy to dd-mmm-yyyy format); position on board/designation even if it’s the same position as the current one.* | *Titles such as Managing Trustee, Treasurer, Secretary* | *Provide amount paid in the FY, whether remuneration or reimbursement in what capacity* |
| *1* |  |  |  |  |  |  |  |  |  |  |  |
| *2* |  |  |  |  |  |  |  |  |  |  |  |

*Add more rows, for additional names*

### 2c3) Name and designation of the senior most decision maker (Chief Functionary)

|  |  |
| --- | --- |
| ***S1: Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
| *Must Reply* | *Must Reply* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the Chief Functionary (CEO/ Head of Management) | PAN number and Address | DIN, if available | Designation/ Role | From Date | To Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| ( Provide names and tenure of all persons who have served as Chief functionaries ) |  |  |  |  |  |

### 2d) Executives with key responsibilities

|  |  |
| --- | --- |
| ***S1: Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
| *Must Reply* | *Must Reply* |

|  |  |  |  |
| --- | --- | --- | --- |
| *Sr. Number* | *Name of the Executive* | *Designation/ Title* | *Functions in-charge of* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Disclosures on Governance aspects (continued)

| ***Item*** | ***S1: Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
| --- | --- | --- |
| 2e)  Number of meetings by governing body and other committees  *formed by them along with attendance and the process of performance review* | *Must reply all points and desirable is process of performance review* | *Must reply* |
| 2f ) Organisation level potential risks and mitigation plan | *Desirable* | *Must Have* |
| 2g) Mechanisms for advice and concerns about ethics, along with conflict of interest and communicating other critical concerns  *Does the organisation have code of ethics pertaining to above issues: Yes/ No*  *Please provide a description of the organization’s internal and external mechanisms for seeking inputs about ethical and lawful behaviour and organisation’s integrity.*  *Mention name and title of who in the organization is assigned the responsibility for this mechanism.*  *If there were concerns related to any conflict of interest and other concerns raised by the mechanism, disclose these along with the actions the organization has taken in the previous year.* | *Must have* | *Must have* |
| 2h) Remuneration Policies *Remuneration policies for the governing body and the senior executives of the organization shall be reported. This shall include all kinds of fixed pay, variable pay and performance linked payments. It can also include any termination payments and claw backs. It is also important to bring out how performance of the organization is linked to remuneration.* | *Desirable* | *Must have* |
| 2i) Stakeholder grievance, process of grievance redressal and number of grievance received and resolved *Does the organisation have a mechanism in place to confidentially receive and handle reports of abuse, fraud, bribery, or other wrongdoing from both external and internal parties?*  *Number of grievance received:*  *Number of grievance  resolved:* | *Desirable* | *Must have* |
| 2j) Organisation registration certificate and other licenses and certifications *NPO Registration as:*  *(Trust/ Society/ Section25 or Section 8 Company)*  *Registration Number and Date:*  *Valid till (if any):*  *State of Registration as NPO:*  *Income Tax Permanent Account No. (Must Have):*  *12A/ 12AA /12AB/ 10 (23C)  Number (Must Have)*  *12A/ 12AA /12AB/ 10 (23C)  Valid till:*  *80G Number (if you have)l:*  *80G Valid till:*  *GST (if you have):*  *Darpan  ID:*  *FCRA Number (if you have):*  *FCRA Valid till:*  *CSR Registration with MCA:*  *Third Party Certification/ Accreditations:*  *GuideStar Number (GSN):*  *GuideStar India Certification Level and valid till:*  *Other Certifications, if any:* | *Must Have* | *Must Have* |

### 2k) List of documents to be attached

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **NA** | **Yes** | **No** |
| 1. Copy of any amendments to Governing Documents (MoA & AoA, Trust Deed, Constitution) 2. Copies of change reports filed during the FY with statutory authorities 3. *NPO Registration Certificate as: (Trust/ Society/ Section 25 or 8 Company)* 4. *Income Tax Permanent Account Copy* 5. *12A/ 12AA /12AB/ 10 (23C)  Registration* 6. *80G Registration* 7. *GST Registration* 8. *Darpan  Profile* 9. *FCRA Registration* 10. *CSR Registration with MCA* 11. *Third Party Certification/ Accreditations* 12. *Completion certificate of CBF supported capacity building workshops* |  |  |  |

SSE may specify additional parameters that may be required to be disclosed by NPO on an annual basis.

# Form 1A.2 Capacity Building

|  |  |
| --- | --- |
| ***S1: Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
| *Must Reply* | *Must Reply* |

Details of capacity building workshops (supported by the Capacity Building Fund- CBF) attended by the organisation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Category of Workshop***   1. ***Self-Disclosures  by NPO*** 2. ***Social Impact Assessment by the NPO*** 3. ***External Social Assessment*** 4. ***Learning Loops*** | ***Name of Capacity Building Workshop*** | ***Organiser Name*** | ***Date(s) of workshop*** | ***Name and designation of person (s) who attended the workshop*** | ***Number of Certificates***  ***Attached***  ***#/No/ NA*** | ***Comments, if any*** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |

*Total Number of completion certificates attached as an appendix:\_\_\_\_\_\_\_\_\_\_\_\_*

# Form 1A.3 Declaration

|  |  |
| --- | --- |
| ***S1: Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
| *Must Reply* | *Must Reply* |

*I hereby certify that all the information provided in this report are correct and that all documents submitted by our organisation are true copies.*

*Authorised Representative of <………………NPO………………> Name:………………………………..*

*Signed:……………………………….   Date:………………………… Place:…………………..*

*Seal of NPO:*

*=============================================================================*

1. Beneficiary includes entities such as individual, person, thing, article, unit, body, creature [↑](#footnote-ref-1)
2. If the person is not of Indian Nationality, please provide passport details [↑](#footnote-ref-2)
3. Relation as defined under the Income Tax Act/ Companies Act [↑](#footnote-ref-3)