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**Directors/Trustees Worksheet**

Provide the last name, first name, and initial for each director/trustee and like official, **home** address (including street number, street name, city, province or territory and postal code), position in the charity, whether or not they were a director/trustee at the end of the fiscal period, telephone number, whether or not they are at arm's length from all other members of the charity's Board of Directors/Trustees and their date of birth. **Only the "Public information" section of the worksheet is made available to the public. The "Confidential information" section is for CCRA's use only and remains confidential.** See the guide for an explanation of the term **arm's length**.

Public information			Confidential information		
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No		Province or territory:	Postal Code:	Telephone number:
	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of birth:	Year    Month    Day	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No		Province or territory:	Postal Code:	Telephone number:
	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of birth:	Year    Month    Day	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No		Province or territory:	Postal Code:	Telephone number:
	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of birth:	Year    Month    Day	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No		Province or territory:	Postal Code:	Telephone number:
	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of birth:	Year    Month    Day	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No		Province or territory:	Postal Code:	Telephone number:
	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of birth:	Year    Month    Day	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No		Province or territory:	Postal Code:	Telephone number:
	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of birth:	Year    Month    Day	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No		Province or territory:	Postal Code:	Telephone number:
	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of birth:	Year    Month    Day	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No		Province or territory:	Postal Code:	Telephone number:
	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of birth:	Year    Month    Day	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end? <input type="checkbox"/> Yes <input type="checkbox"/> No		Province or territory:	Postal Code:	Telephone number:
	Arm's length: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of birth:	Year    Month    Day	