## **Donation Application**



## Instructions -

- Fill in electronically or print out and use a black pen. Incomplete forms will not be considered
- Answer all applicable questions. If a question is not applicable or relevant, please write "N/A"
- Copies of all supporting documents (as set out below) must be submitted with this form

Official Use (Not to be completed by the applicant)

• If you wish to give any additional information (not covered in this form), please do so on a separate sheet

| Date Received      | D D I     | M M Y | Y , | Y Y |  |  |  | Ref | erend | ce N  | umb | er  |  |    |      |     |    |  |  |
|--------------------|-----------|-------|-----|-----|--|--|--|-----|-------|-------|-----|-----|--|----|------|-----|----|--|--|
| -Contact Detai     | ils       |       |     |     |  |  |  |     |       |       |     |     |  |    |      |     |    |  |  |
| Contact Person     |           |       |     |     |  |  |  |     |       |       |     |     |  |    |      |     |    |  |  |
| Position in Organi | isation   |       |     |     |  |  |  |     |       |       |     |     |  |    |      |     |    |  |  |
| ID Number          |           |       |     |     |  |  |  |     |       |       |     |     |  |    |      |     |    |  |  |
| Email Address      |           |       |     |     |  |  |  |     |       |       |     |     |  |    |      |     |    |  |  |
| Cellphone Numbe    | er        |       |     |     |  |  |  |     | F     | ax N  | Num | ber |  |    |      |     |    |  |  |
| Home Number        |           |       |     |     |  |  |  |     | W     | ork N | Num | ber |  |    |      |     |    |  |  |
| -Organisation      | Details – |       |     |     |  |  |  |     |       |       |     |     |  |    |      |     |    |  |  |
| Registered Name    |           |       |     |     |  |  |  |     |       |       |     |     |  |    |      |     |    |  |  |
| Type of Organisat  | ion       |       |     |     |  |  |  |     |       |       |     |     |  |    |      |     |    |  |  |
| Postal Address     |           |       |     |     |  |  |  |     |       |       |     |     |  |    |      |     |    |  |  |
|                    |           |       |     |     |  |  |  |     |       |       |     |     |  | Po | stal | Cod | de |  |  |
| Street Address     |           |       |     |     |  |  |  |     |       |       |     |     |  |    |      |     |    |  |  |
|                    |           |       |     |     |  |  |  |     |       |       |     |     |  | Po | stal | Cod | de |  |  |

| - Supporting Documents-   |   |
|---|---|
| Copies to be submitted (mark 'X' where applicable):                   |   |
| Organisation plan for your funding request                            |   |
| Copy of latest bank statement   |   |
| Copy of non-profit organisation registration certificate              |   |
| Copy of latest audited financial statements, if (Pty) Ltd             |   |
| SARS tax exemption – 18A certificate                                  |   |
| Copy of VAT registration certificate                                  |   |
| Copy of SARS tax clearance certificate                                |   |
| Organisation Background————————————————————————————————————           |   |
| Legal status of the organisation (mark with an 'X' where applicable): |   |
| Registration number (If registered. Attach a copy)                    |   |
| Community-based organisation  |   |
| Section 21 company  |   |
| Voluntary organisation  |   |
| Non-profit organisation (NPO)   |   |
| Closed corporation (CC)   |   |
| Trust   |   |
| Company/(Pty) Limited   |   |
| Sole proprietor   |   |
| Partnership   |   |
| Does the organisation have a constitution? (Attach a copy)            |   |
| When was the project established?  Date  Date  D D M M Y Y Y          | Y |
|   |   |
| - Administration  |   |
| Who are the organisation's auditors?                                  |   |
| Company Name  |   |
| Contact Person  |   |
| Postal Address  |   |
| Postal Code   |   |
| Cellphone Number Fax Number   |   |
| Work Number Email Address   |   |

| Previous Funding  |   |                        |
|---|---|------------------------|
| Have you applied to Capitec Bank before for a donati    | n? (If <b>yes</b> , please give date and amount)  | Yes No                 |
| Date D M M Y Y Y Y                                      | R   |                        |
| List of previous funders/donors (since project started  |   |                        |
| Funder/Donor's Name                                     |   |                        |
| Type of Support   |   |                        |
| Amount  |   |                        |
| Beneficiaries   |   |                        |
| How many people are directly employed by the organ      | eation?   |                        |
| Female Male   |   |                        |
| Total number of children                                |   |                        |
| Total number of out-of-school youths (16 – 24 yrs)      |   |                        |
| Total number of adults (25 – 64 yrs)                    |   |                        |
| Total number of educators                               |   |                        |
| Total number of senior citizens (65+ yrs)               |   |                        |
| How many new jobs will be created by this organisation  | n?  |                        |
| —Audit and Accountability——————                         |   |                        |
| Have the organisation's books or accounts been audit    | ed? (If <b>no</b> , give reasons)   |                        |
|   |   |                        |
|   |   |                        |
|   |   |                        |
|   |   |                        |
| Organisation Description                                |   |                        |
| List the organisation's objectives. Explain why the org | nisation was started. (e.g. Make bricks to build houses)  |                        |
|   |   |                        |
|   |   |                        |
|   | within an air time of a David and a second and |                        |
| How are the needs of the community/clients satisfied    | by this organisation? (e.g. Do you provide an essential service/produ   | ect to the community?) |
|   |   |                        |
|   |   |                        |
|   |   |                        |

| Organisation Descrip   |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
|--|------|-------|-------|------|-------|-------|------|-------|------|------|------|------|------|-------|------|-------|------|-----|------|------|-----|-------|-------|-------|-----|------|-----|------|------|----|---|
| How is the community infor   | med  | d of  | the   | orga | ınisa | ation | an   | d its | serv | vice | s/pr | odu  | cts? | )     |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
|  |      | _     |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      | _  |   |
| Has the organisation ever but the state of t | been | 1 for | mall  | y ev | alua  | ited  | ру с | gove  | rnm  | ent, | any  | exte | erna | ıl pe | rsor | i, dc | nor, | tun | der, | or a | any | othe  | er de | evelo | opn | nent | org | anıs | atio | n? |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
| ist the services/products  | offe | red   | by t  | he o | rgar  | nisat | ion: |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    | _ |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
| escription of Assets:  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      | Est  | ima | ted / | Amo   | ount  |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      | R    |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      | R    |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      | R    |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      | R    |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      | To  | tal  | R    |     |       |       |       |     |      |     |      |      |    |   |
|  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
| inancials ————   |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
| oes the organisation have  |      |       | ive b |      |       |       |      |       |      | es/  |      |      | No   | ) _   |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
| ype of Account Che   | eque | e _   |       | S    | Savir | ngs   |      |       | Otl  | ner  |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
| Other Type of Account  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
| ate Opened   | D    | D     | М     | М    | Y     | Y     | Υ    | Y     |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
| .ccountholder's Name   |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
| ank Name   |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |
| Branch Name  |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     | 3ran  | ıch l | Num   | ıbe | r    |     |      |      |    |   |
| account Number   |      |       |       |      |       |       |      |       |      |      |      |      |      |       |      |       |      |     |      |      |     |       |       |       |     |      |     |      |      |    |   |

|        | int Sin | natorio  | s' Nam    | مد (ا، | nitia   | ls ar | יין איי | rnar  | nec)   |  |  |         |  |   | Signat  | ures. |         |       |      |  |                         |  |
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|        | int oig | TIALOTTE | is Ivalli | C3 (II | ппа     | is an | iu Sui  | IIIai | 1163). |  |  |         |  | , | Jigilai | uics. |         |       |      |  |                         |  |
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| und    | ina F   | Reaui    | red: B    | rea    | kd      | owr   | 1       |       |        |  |  |         |  |   |         |       |         |       |      |  |                         |  |
|        |         |          |           |        |         |       | -       |       |        |  |  |         |  |   |         |       | Estimat | l A   | 4    |  |                         |  |
| allill | ig Des  | criptio  | 11:       |        |         |       |         |       |        |  |  |         |  |   |         |       | R       | eu Am | ount |  |                         |  |
|        |         |          |           |        | <u></u> |       |         |       |        |  |  | <u></u> |  |   |         |       |         |       |      |  | . [                     |  |
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|        |         |          |           |        |         |       |         |       |        |  |  |         |  |   |         |       | R       |       |      |  |                         |  |
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|        |         |          |           |        |         |       |         |       |        |  |  |         |  |   |         | Total | R       |       |      |  |                         |  |
| quipr  | ment [  | escrip)  | tion:     |        |         |       |         |       |        |  |  |         |  |   |         |       |         |       |      |  |                         |  |
|        |         |          |           |        |         |       |         |       |        |  |  |         |  |   |         |       | R       |       |      |  | . [                     |  |
|        |         |          |           |        |         |       |         |       |        |  |  |         |  |   |         |       | R       |       |      |  |                         |  |
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| . L    |         |          |           |        |         |       |         |       |        |  |  | Щ       |  |   |         |       | R       |       |      |  |                         |  |
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| lateri | al Des  | criptio  | n:        |        |         |       |         |       |        |  |  |         |  |   |         | Total |         |       |      |  |                         |  |
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|        |         |          |           |        |         |       |         |       |        |  |  |         |  |   |         |       | R       |       |      |  | <br>] [                 |  |
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|        |         |          |           |        |         |       |         |       |        |  |  |         |  |   |         |       | R       |       |      |  |                         |  |
|        |         |          |           |        |         |       |         |       |        |  |  |         |  |   |         |       |         |       |      |  |                         |  |
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|        | Descr   | iption:  |           |        |         |       |         |       |        |  |  |         |  |   |         | Total | R       |       |      |  | ] . [                   |  |
| ther   | Descr   | iption:  |           |        |         |       |         |       |        |  |  |         |  |   |         | Total | R       |       |      |  | ] . [<br>] . [<br>] . [ |  |
| ther   | Descr   | iption:  |           |        |         |       |         |       |        |  |  |         |  |   |         | Total | R       |       |      |  | ] . [<br>] . [<br>] . [ |  |
| ther   | Descr   | iption:  |           |        |         |       |         |       |        |  |  |         |  |   |         | Total | R<br>R  |       |      |  |                         |  |
| ther   | Descr   | iption:  |           |        |         |       |         |       |        |  |  |         |  |   |         | Total | R       |       |      |  |                         |  |
| ther   | Descr   | iption:  |           |        |         |       |         |       |        |  |  |         |  |   |         | Total | R<br>R  |       |      |  |                         |  |

| ow long has the organisati   | on been in o   | peration?   |              |          |  |  |  |           |       |      |       |         |    |  |
|--|----------------|-------------|--------------|----------|--|--|--|-----------|-------|------|-------|---------|----|--|
| otivate why the organisation   | on will remain | n sustainab | le in the lo | ng term: |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
| vide an exit strategy for  | the organisat  | tion:       |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
|  |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
| claration———   |                |             |              |          |  |  |  |           |       |      |       |         |    |  |
| ereby certify the accuracy   |                |             |              |          |  |  |  | her parti | cular | s as | requi | ired    | by |  |
| ereby certify the accuracy   |                |             |              |          |  |  |  | her parti | cular | s as | requi | ired    | by |  |
| ereby certify the accuracy<br>pitec Bank and to abide b                                  |                |             |              |          |  |  |  | her parti | cular | s as | requi | ired    | by |  |
| ereby certify the accuracy<br>pitec Bank and to abide b<br>ials and Surname              |                |             |              |          |  |  |  | her parti | cular | s as | requi | iired I | by |  |
| eclaration ereby certify the accuracy pitec Bank and to abide butials and Surname sition |                |             |              |          |  |  |  | her parti | cular | s as | requi | iired I | by |  |

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