

# Donation Application Form

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1 Quantum Street, Techno Park, Stellenbosch 7600  
PO Box 12451, Die Boord, Stellenbosch 7613

## Follow the steps below to complete your application

Name of the project/organisation applying for a donation:

Contact person who represents the project/organisation:

Contact numbers of person above:

Cell:

Fax:

Home:

Email:

Work:

## Official use: (not to be completed by the applicant)

Date Received:

Reference Number:

## Guidelines for completing this form

- Please answer all applicable questions. If a question is not applicable or relevant, please write "N/A".
- Please print clearly and use black ink. Incomplete forms will not be considered.
- Copies of all supporting documents (as set out below) must be submitted with this application form.
- If you wish to give any additional information (not covered in this form), please do so on a separate sheet.

## Copies of the following supporting documents must be submitted. Mark each document included with an "X"

1. Project plan
2. List of the current board of directors and their professional affiliations
3. Copy of latest bank statement
4. Copy of latest bank statement
5. Copy of registration certificate as non-profit organisation
6. Copy of latest audited financial statements, if (Pty) Ltd
7. SARS tax exemption – 18A certificate
8. Copy of VAT registration certificate
9. Copy of SARS tax clearance certificate

## Details of project/organisation

Name of Project:

Contact Person:

Identity Number:

Position in Organisation:

Type of Organisation:

Postal Address:

Postal Code:

Street Address:

Postal Code:

Cell:

Fax:

Work:

Email:

## 1. Background of the project/organisation.

Legal status of the project/organisation (mark "X" where applicable)

Community-based organisation

Section 21 company

Voluntary organisation

Non-profit organisation (NPO)

Close Corporation (CC)

Trust

Company (Pty) Ltd

Sole Proprietor

Partnership

Does the project/organisation have a constitution? (*enclose a copy*)

When was the project established? Date:

If registered, what is the registration number? (*enclose a copy*)

## 2. Administration

Who are the organisation's auditors?

Name of Firm:

Contact Person:

Postal Address:

Postal Code:

Cell:

Fax:

Work:

Email:

### 3. Previous funding

Have you previously applied to Capitec Bank/Capitec Foundation for a donation? (if yes, please give date and amount.)

Date:

List of other previous funders/donors (since project started)

Name of Funders:

Describe Type of Support:

Amount funded:

### 4. Beneficiaries

How many people are directly involved in the project/directly employed by the organisation?

Female

Male

Of Total, How Many Children

Out-of-school Youths (16>24)

Adults (24>65)

Educators

Senior Citizens (65+)

How many new jobs will be created by this project?

### 5. Audit and accountability

Have the organisation's books of accounts been audited? (if not, state reasons)

### 6. Description of project/organisation

Why was the project started? List the objectives of the project. (e.g. to make bricks to build houses.)

How are the needs in the community or of the clients satisfied by this project/organisation?  
(e.g. Do you provide a needed service or product to the community?)

How is the community informed of the project/organisation and its services and/or products?

## 6. Description of project/organisation (continues)

Has the project/organisation ever been formally evaluated by government, any external person, donor, funder, or any other development organisation? (if yes, give details)

List the products/services supplied by the project/organisation.

Assets: current value  
Description

Estimated rand value:

**Total**

## 7. Financials

Does the project/organisation have an active bank account? Yes No

Type of Account: Cheque Savings Other

If Other Type of Account:

When Was the Bank Account opened?:

Name of Accountholder:

Name of Bank:

Branch Name:

Branch Number:

Account Number:

Attach a copy of a cancelled cheque

Names of account signatories (initials and surname)

Signature

## 8. Breakdown of funding required

Training discription

Estimated rand value:

**Total**

**8. Breakdown of funding required (continues)**

Equipment discription:

**Total**

Material discription:

**Total**

Other discription:

**Total**

**Total amount requested**

**10. Feasibility and sustainability of project/organisation**

How long has the project/organisation been in operation?

Motivate why the project/organisation will remain sustainable in the long term.

Provide exit strategy for the project/organisation.

## Undertaking

I hereby certify the correctness of figures/data/information/documents furnished herewith. I also undertake to provide further particulars as required by Capitec Foundation and to abide by the rules, regulations and instructions issued by the Foundation from time to time.

Signature

Print initials and surname

Designation

Date

Postal address: Corporate Social Investment Department, PO Box 12451, Die Boord, Stellenbosch, 7613  
email: [donations@capitecfoundation.org](mailto:donations@capitecfoundation.org)