Association for Non Profit Organisations NPC

Reg: NO: 2011/060467/08
Registered in terms of Section-21 Companies

A division of Msamanzi Neimud & Associates Mentors – NPO No: 054-456

03

NEW APPLICATION FOR NPO ORGANISATION (NPO)

social development
Department:
Social Development
REPUBLIC OF SOUTH AFRICA

23 Loveday Street,
Howard House,
1st Floor
Marshalltown,
Johannesburg
2001

Office Cell:
071-330-2323

Email:
dumie@absamail
.co.za

Website:
www.npo.org.za

Please note that this application is for registering your organisation with the **Directorate of Non Profit Organisations.**

On registration you will receive an NPO certificate and a six digit registration number eg:(123-456 NPO)

It may take about 4 - 6 **months** or more for your organisation to be registered, depending on the volume of work at NPO Directorate.

The Association for NPO's will submit your application on line with in 7 day of receipt.

NPO.ORG will prepare a standardised constitution that has all the clauses as required by the Directorate. You may attach your constitution if you have one.

REGISTRATION FEE
Registering an NPO with the Directorate of NPO's is FREE.

The Association facilitates swift registrations and services free thereof is **R490** to register an NPO on behalf of the public, This fee covers all administration cost, constitution and internet fees.

Please complete in full (pages 2, 3,4,6, page 7 must be signed by at least 3 members of the committee.

COMMITTEE MEMBERS
Member of the committee (page 4) must not be less that (3) five.
Please do not register member with same surname.

FINANCIAL YEAR END
We prefer to set the Financial Year end as 31 March, to go in line with SARS IT12IE Returns, NPO Reports as well as other Grant institutions.

REGISTRATION MAY TAKE MORE THAN 6 months
PLEASE NOTE:
NPO CERTIFICATE ONCE REGISTERED YOU WILL RECEIVE NPO NUMBER, YOU WILL BE NOTIFIED TO COLLECT THE CERTIFICATE FROM SOCIAL DEVELOPMENT IN YOUR TOWN WITH IN 3 WEEKS OF REGISTRATION.

KINDLY WAIT FOR DSD TO FINALISE YOUR APPLICATION

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In association with:
Msamanzi & Associates Accountants

Sponsors:
- IPSA (cips.org)
- MSAMANZI F.S.
- SGAFC (Auditors)

OR DELIVER TO: 23 LOVEDAY STREET, 1ST FLOOR, HOWARD HOUSE, JOHANNESBURG, 2001
SCAN THE FORM AND PROOF OF PAYMENT - EMAIL TO: DUMIE@ABSAMAIL.CO.ZA
BANK PAYMENTS MADE TO:
ASSOCIATION FOR NON PROFIT ORGANISATIONS.
FNB * ACC No: 6242-4330-554
DEPOSIT REFERENCE PLEASE USE NAME OF ORGANISATION
PLEASE SCAN AND SEND ALL DOCUMENTS AND POP IN ONE EMAIL

PLEASE NOTE:
WE DO NOT ACCEPT DETAILS SENT BY WHATSAPP OR SEPERATE EMAIL MESSAGES

PLEASE COMPLETE THE FORM IN FULL, WITH CORRECT DETAILS
ALL OFFICE BEARERS WILL RECEIVE EMAIL AND SMS OTP TO CONFIRM THEIR APPOINMENT TO THE ORGANISATION.
PLEASE USE CAPITAL LETTERS WHEN COMPETING THE FORM AND ALSO WRITE EMAIL ADDRESSS IN CAPITALS LETTERS

ORGANISATION BASIC DETAILS

Name of the organisation	
Type of Organisation	
Organisation Activities	
Objectives:	
•	
•	
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ORGANISATION REGISTRATION DETAILS

Name of Organisation					
Shortened Name					
Cell Number					
WhatsApp Number					
Telephone Number					
Email Address					
Physical Address					
	Postal Code		Province		
Postal Address					
	Postal Code		Province		
Financial Year End	**31 March** each year	**OR**			
Number of Office Bearers					

OFFICE BEARERS DETAILS 1

South African Office Bearer Please complete names as per **ID Document**

Surname								
Full Names								
ID Number								
GENDER		FEMALE		MALE	DISABLED	YES	NO	

Foreign Office Bearer Identification details (if applicable)

Foreign ID/Passport No:		Date of Birth		
Country of Birth		Expiry Date of Passport		

Contact Details – Please supply valid **Cell Number** and valid **Email Address**

Cell Number					
Email Address					
Physical Address					
	Postal Code		Province		
Postal Address					
	Postal Code		Province		
Position (eg: Chairperson)					

OFFICE BEARERS DETAILS 2

South African Office Bearer Please complete names as per **ID Document**

Surname									
Full Names									
ID Number									
GENDER		FEMALE		MALE		DISABLED	YES	NO	

Foreign Office Bearer Identification details (if applicable)

Foreign ID/Passport No:		Date of Birth		
Country of Birth		Expiry Date of Passport		

Contact Details – Please supply valid **Cell Number** and valid **Email Address**

Cell Number					
Email Address					
Physical Address					
	Postal Code		Province		
Position (eg: Chairperson)					

OFFICE BEARERS DETAILS 3

South African Office Bearer Please complete names as per **ID Document**

Surname									
Full Names									
ID Number									
GENDER		FEMALE		MALE		DISABLED	YES	NO	

Foreign Office Bearer Identification details (if applicable)

Foreign ID/Passport No:		Date of Birth		
Country of Birth		Expiry Date of Passport		

Contact Details – Please supply valid **Cell Number** and valid **Email Address**

Cell Number					
Email Address					
Physical Address					
	Postal Code		Province		
Position (eg: Chairperson)					

OFFICE BEARERS DETAILS 4

South African Office Bearer Please complete names as per **ID Document**

Surname									
Full Names									
ID Number									
GENDER		FEMALE		MALE		DISABLED	YES	NO	

Foreign Office Bearer Identification details (if applicable)

Foreign ID/Passport No:		Date of Birth		
Country of Birth		Expiry Date of Passport		

Contact Details – Please supply valid **Cell Number** and valid **Email Address**

Cell Number					
Email Address					
Physical Address					
	Postal Code		Province		
Position (eg: Chairperson)					

OFFICE BEARERS DETAILS 5

South African Office Bearer Please complete names as per **ID Document**

Surname									
Full Names									
ID Number									
GENDER		FEMALE		MALE		DISABLED	YES	NO	

Foreign Office Bearer Identification details (if applicable)

Foreign ID/Passport No:		Date of Birth		
Country of Birth		Expiry Date of Passport		

Contact Details – Please supply valid **Cell Number** and valid **Email Address**

Cell Number						
Email Address						
Physical Address						
		Postal Code		Province		
Position (eg: Chairperson)						

OFFICE BEARERS DETAILS 6

South African Office Bearer Please complete names as per **ID Document**

Surname									
Full Names									
ID Number									
GENDER		FEMALE		MALE		DISABLED	YES	NO	

Foreign Office Bearer Identification details (if applicable)

Foreign ID/Passport No:		Date of Birth		
Country of Birth		Expiry Date of Passport		

Contact Details – Please supply valid **Cell Number** and valid **Email Address**

Cell Number						
Email Address						
Physical Address						
		Postal Code		Province		
Position (eg: Chairperson)						

OFFICE BEARERS DETAILS 7

South African Office Bearer Please complete names as per **ID Document**

Surname									
Full Names									
ID Number									
GENDER		FEMALE		MALE		DISABLED	YES	NO	

Foreign Office Bearer Identification details (if applicable)

Foreign ID/Passport No:		Date of Birth		
Country of Birth		Expiry Date of Passport		

Contact Details – Please supply valid **Cell Number** and valid **Email Address**

Cell Number						
Email Address						
Physical Address						
		Postal Code		Province		
Position (eg: Chairperson)						

SECTION 10	ADOPTION OF THE CONSTITUTION

This constitution was approved and accepted by members of the

Name of the organisation	

SPECIAL RESOLUTION

Minutes of Special Meeting of the Management Committee

Physical Address					
	Postal Code		Province		

On the

Present: Members of the management Committee

Agenda: **SIGNING OF LEGAL DOCUMENT AND OPERATING OF FINANCIAL ACCOUNTS**

The chairperson declares the meeting, as properly constituted, duly called, for the specific purpose of

☐ Adopt a new Constitution.

SPECIAL RESOLUTION: Further give powers and authorisation to the Chairperson and the General Secretary to initial, attach their signatures to the constitution, legal documents, bank and financial record transactions on behalf of members of the committee.

CHAIRPERSON:

Signature:

SECRETARY:

Signature:

TREASURER:

Signature:

MANDATE TO FILE OR ACCESS ORGANISATION NPO PROFILE

NAME OF CHAIREPRSON/OFFICE BEARER

NAME OF PERSON

ID NUMBER

ADDRESS

POSTAL CODE PROVINCE

TEL/CELL EMAIL

Name of Organisation

TO WHOM IT MAY CONCERN:

Directorate for NPO Organisations

I, we the undersigned in my individual / our capacity as Office Bearers, Director(s)/Incorporator(s) of the above mentioned organisation/ company hereby nominate and appoint Mr. Dumisani Ndlela – ID no: 6102145677082, in his capacity as Accounting / Tax Practitioner to be my/ our representative with full power and authority to act on my / our behalf in respect of accessing the organisation NPO profile / the organisation, and in my/our name(s) and on my/our behalf to make any enquiries or to complete or sign the necessary forms/ returns or other documents regarding APPLICATIONS, filing of NARRATIVE REPORT, Request for DOCUMENTS filing of my / our organisation.
Also confirming that all our organisation matters and outcome will be treated in strictest confidentiality.

CHAIRPERSON:

Signature:

SECRETARY:

Signature:

TREASURER:

Signature:

Signature of Tax Practitioner/FILER :…….. Date:……
D.I. Ndlela - NPO Specialist – Association For Non Profit Organisations.
SARS: PR0006454 - SAIT Practice Licence: 17610340
CIBA- Member CBAC