

APPLICATION FOR TAX EXEMPTION 2026

Please note: Company must have Tax Number and be active in the efiling.

Please apply for Tax Number First at SARS, and have company activated under a representative,

CHECK LIST

- ☐ ~~EI 1 Application Form~~
- ☐ ~~EI 2 Written Undertaking (signed) (Attached)~~
- ☐ COPY NPO Certificate
- ☐ COPY NPO Constitution – with all pages. (must be signed)
- ☐ COPY Latest Annual Statements OR ORIGINAL Sworn Affidavit if no financials.
- ☐ ORIGINAL Latest Bank Statements STAMPED (not older than 3 months)
- ☐ CERTIFIED ID Copies of the 3 members that sign this application form.
- ☐ ORIGINAL Proof of ADDRESS of the organisation. ~~OR Complete Form CRA01~~
- ☐ TAX NUMBER of all three members that are written on the form.
- ☐ DIRECTOR appointment Letter.(Attached)
- ☐ PROOF OF ADDRESS of public officer.

GENERAL GUIDE

Complete Form A by three persons that have personal TAX numbers
Complete and Sign **Declaration** by person appearing on form A
Complete and **EI2** by person appearing on form A
Complete and Sign **CRA01** Form(by owner confirming address)

Complete & Sign **LETTER OF APPOINTMENT OF DIRECTORS**
Complete and Sign **LETTER OF APPOINTMENT OF DIRECTORS**
Complete Affidavit if organisation has no Financials.
Attached above stated documents

PLEASE BRING ORIGINAL DOCUMENTS - NOT PHOTO COPIES.

PLEASE CHECK AND TICK – ALL DOCUMENTS ARE IN PLACE.

Missing information will delay processing of application.

2026 SERVICE FEE- R 390

We will assist in verification of the application for to ensure that all required documents are in place. When satisfied that the application will meet the requirements of the Tax Exemption Unit. We will either submit the application:

- Drop at SARS _TEU Pretoria branch.
- Return to the client for self submitting to TEU.

Please complete the attached FORMS, and attach all the documents stated above.

Drop or Courier the documents for verification at:

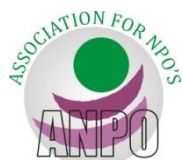
23 Loveday Street, Howard House, 1 st Floor, Office 105, Marshalltown, Johannesburg 2001

It takes us about 5 to 7 days for us verify documents and prepare application form for submission to TEU. TEU may take up to 3 months to check and approve your application. Please note that **SARS TEU** will communicate direct with you/ your organisation (not us) on the progress of the application.

Queries :Email: DUMIE@ABSAMAIL.CO.ZA

Payments Details:

PLEASE ATTACH PROOF OF PAYMENT R390 – WITH THE APPLICATION
PAYMENTS MADE TO: ASSOCIATION FOR NON PROFIT ORGANISATIONS.
FNB*ACC No: 6242-4330-554-BRANCH :DUNDEE –DEPOSIT REFERENCE :NAME OF ORGANISATION



Association for Non Profit Organisations NPC

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

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

INCOME TAX APPLICATION FORM –EXEMPT INSTITUTIONS

Application for exemption from income tax in terms of section 10(1) and/or approval in terms of section 18A of the Income Tax Act, No 58 of 1962

Particulars of organisation: **TAX NUMBER:** _____

NPO Registered name.....

Type of Organisation (eg: pre-school, church).....

Postal address.....Postal code:.....

Registered address.....Postal code:.....

(NPO) registration number.....Income Tax reference number.....

Email-address.....

Bank particulars:

Name of bank.....Name of account holder.....

Type of account: [] Current Savings [] Transmission

Branch number.....Account number.....

MEMBER 1

Particulars of the three unconnected directors /trustees/office bearers accepting fiduciary responsibility for the organisation:

Full names.....Surname.....

CHAIRPERSON

TitlePosition held.....Cellular Phone number.....

Telephone number –work.....Telephone number –Home.....

Identity numberDate of birth.....Income Tax reference no.....

Residential addressPostal code.....

E-mail address.....Signature.....

MEMBER 2

Particulars of the three unconnected directors /trustees/office bearers accepting fiduciary responsibility for the organisation:

Full names.....Surname.....

SECRETARY

TitlePosition held.....Cellular Phone number.....

Telephone number –work.....Telephone number –Home.....

Identity numberDate of birth.....Income Tax reference no.....

Residential addressPostal code.....

E-mail address.....Signature.....

MEMBER 1

Particulars of the three unconnected directors /trustees/office bearers accepting fiduciary responsibility for the organisation:

Full names.....Surname.....

TREASURER

TitlePosition held.....Cellular Phone number.....

Telephone number –work.....Telephone number –Home.....

Identity numberDate of birth.....Income Tax reference no.....

Residential addressPostal code.....

E-mail address.....Signature.....

Organisation's activities.....

If all the requested information and relevant documents are not submitted together with this form, your application will be returned.

Members whose names appear above must complete and sign the attached forms (14 of 14) and (1 of 1)

LETTER OF APPOINTMENT AND PARTICULARS OF THE PUBLIC OFFICER

Company/ Trust/ Npo: _____

Registration Number: _____

Tax Number: _____

Date Of Appointment: _____

Appointment of the Public Officer

The Directors/ Members/ Trustees/ Partners of the above Entity:

<u>Name and Surname</u>	<u>Capacity</u>	<u>ID Number</u>	<u>Signature</u>

I/ We hereby confirm in writing the appointment of _____

ID Number _____ as the Public Officer (Representative) of the

entity and hereby confirm and agree to be bound by all acts he/ she performs on behalf of the entity.

Acceptance of the Appointment

I, _____ ID Nr: _____

hereby accept my appointment as the Public Officer (Representative) of _____

I further confirm that I am fully aware of my responsibilities and the provisions of the Income Tax and all other Acts administered by the Commissioner of SARS. I accept all my responsibilities as the representative taxpayer and commit to act in good faith to the benefit of the company.

Signature: _____ Date: _____

ANNEXTURE: PARTICULARS OF THE PUBLIC OFFICER

Personal Details:

Full Names	
Surname	
Identity Number	
Income Tax Number	
Residential Address	

Contact Details:

Home Tel:	
Bus Tel:	
Cell Number:	
Email:	
Fax Number:	