

Private Bag X901 | Pretoria, 0001 134 Pretorius Street | HSRC Building, Pretoria Tel: (012) 312 7500 | Fax: (012) 312 7684 e-mail: NPOEnquiry@dsd.gov.za

NOTIFICATION OF NON COMPLIANCE WITH FINANCIAL PROVISION

In terms of NPO Act Section 18(a)
Form 18a

								1 01		100														
A. ORGANISAT	IONA	L DE	TAIL	S																				
NPO Number																								
NPO Name																						\Box		
Year					· ·								-				-				-			
				·																				
B. CONTACT PI	ERSC	DN DI	ETAII	LS																				
Name																								
Surname																								
ID Number																								
Telephone number																								
Email																								
Does the NPO have funds			Yes		No						Tick where appropriate													
Bank Acc status	1	4ctiv	е		Ina	/e			Tion where appropriate															
C. REASONS F	OR T	HE N	OTIC	E																				
Tick where Do no appropriate have to			ınds		No longer operational				Any other reason (Write the reason)															
																_							 	
NOTES																								
1 This should be sig	nad b		the rie		- ee: -	a ba			- h -	امان	l bo				.:	.								

- This should be signed by an authorised office bearer or should be accompanied by an authorisation/proxy letter and certified copy of ID of the authorised office bearer.
- 2. If the Bank account is active a 12 months bank statement should be provided for each financial year.

OFFICIAL STAMP

As a duly authorised representative to act on behalf of this organisation, I hereby declare that all the information provided in this application and any attachments in support thereof is to the best of my knowledge true and correct. I understand that any misrepresentations or failure to disclose any information may lead to investigation and might result in criminal prosecution

Name and Surname	Date	Year	Month	Day
Signature	Date			