



APPLICATION FOR FUNDING FROM THE SIBAYA COMMUNITY TRUST

Section 1: Organisation's Details

Name of organisation	
Date of establishment	
NPO number	
Date NPO Certificate Issued	
PBO number	
Date PBO Recognised by SARS	
SARS Tax exemption certification	
Financial year	
Physical address	
Name of your District/ Municipality	
Province	
Postal address (including postcode)	
Office Telephone number	
Mobile Telephone number of person submitting application	
Fax number	
Name, title and position of person submitting application	
E-mail address	
Name, title and position of CEO or Chairperson	
Alternative email address	
Website address	

Account Holder		
Bank Name		
Branch Name		
Branch code		
Type of account		
Account number		
Address of bank		
Signatories		
Designation of signatories		