



**REQUEST FOR REPRINTING OR COLLECTION OF CERTIFICATE
In terms of NPO Act Section 15 (1)(a)
Form 15/1a**

A. ORGANISATIONAL DETAILS

NPO Number																		
NPO Name																		

B. DETAILS OF THE OFFICE BEARER REQUESTING REPRINTING

Name																		
Surname																		
ID Number																		
Telephone number																		
Email																		

C. REASONS

<i>Tick the appropriate section</i>	Lost certificate	Tom/unreadable certificate	Any other reason (Write the reason)
Write a brief summary of the reasons for requesting reprint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

If the person filing the form is not the office bearer, the form should be accompanied by an authorisation/proxy letter and certified copy of ID of the authorised office bearer.



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	Day	Month	Year
Signature						



RESOLUTION TO AMEND THE ORGANISATION'S CONSTITUTION
in terms of NPO Act section 19(2)(a)
Form 19/2a

A. ORGANISATIONAL DETAILS												
NPO Number												
NPO Name												

B. RESOLUTION ADOPTED AT A MEETING HELD ON THE												
Date												
Place												
Time												

C. THE ORGANISATION HAS RESOLVED TO AMEND THE FOLLOWING				
<i>Tick where appropriate</i>	Objective	Financial year end	Number of members	Any other clause
Write the new changes				

- NOTES**
- This notice should be signed by an authorised office bearer or delegated proxy with a letter of delegation signed by an authorised office bearer in the organisation's letter head.
 - This notice should be accompanied by the amended constitution.

Name and Surname

Signature of authorised office bearer



Signed at on this day of



NOTIFICATION OF NON COMPLIANCE WITH FINANCIAL PROVISION

In terms of NPO Act Section 18(a)

Form 18a

A. ORGANISATIONAL DETAILS

NPO Number																				
NPO Name																				
Year																				

B. CONTACT PERSON DETAILS

Name																				
Surname																				
ID Number																				
Telephone number																				
Email																				
Does the NPO have funds	Yes		No		<i>Tick where appropriate</i>															
Bank Acc status	Active		Inactive																	

C. REASONS FOR THE NOTICE

Tick where appropriate	Do not have funds	No longer operational	Any other reason (Write the reason)

NOTES

1. 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.



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					



SPECIAL RESOLUTION TO CHANGE OFFICE BEARERS
In terms of NPO Act Section (18)(1)(b)
Form 18/1b

A. ORGANISATIONAL DETAILS	
NPO Number	
NPO Name	

B. RESOLUTION ADOPTED AT A MEETING HELD ON		
Date	Place	Time

C. IT WAS ESTABLISHED THAT THE FOLLOWING OFFICE BEARER/S TERM OF OFFICE HAS ENDED / RESIGNED			
Name	Surname	I.D No	Portfolio

D. IT WAS RESOLVED TO ELECT THE FOLLOWING NEW OFFICE BEARERS						
Name	Surname	I.D No	Portfolio	Cell phone	Email	Address

- I, _____ ID No _____ hereby certify that I am the authorised office bearer of the organisation.
- The changes comply with notice, quorum and voting requirements of the constitution.
- The change complies with the relevant laws that apply to the organisation.
- Certified as a true extract of the resolution duly adopted at the above mentioned meeting.

NOTES

This notice should be signed by an authorised office bearer or delegated proxy with a letter of delegation signed by an authorised office bearer in the organisation's letter head.



Signature of authorised office bearer

Signed at on this day of



NOTICE OF VOLUNTARY DEREGISTRATION
In terms of NPO Act Section (23) (1) (a) & (b)
Form 23/1a & b

A. ORGANISATIONAL DETAILS

NPO Number																			
NPO Name																			
Effective date of deregistration																			

B. OFFICE BEARER PERSONAL DETAILS

Name																			
Surname																			
ID Number																			
Telephone number																			
Email																			
Fax																			

C. DESOLUTION

Reason for deregistration																			
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D. FOR OFFICIAL USE

Financial statement
 Accounting officers report
 Narrative report

NOTES

- This notice should be signed by an authorised office bearer or delegated proxy with a letter of delegation signed by an authorised office bearer in the organisation's letter head.**
- This notice must be accompanied by an Annual Financial Report.**

I..... (Name and Surname) herewith serve notice of Voluntary Deregistration and hereby confirm that I am an authorised person to tender this notice on behalf of the organisation.

Signature of authorised office bearer

Signed at on this day of





RESOLUTION TO AMEND THE ORGANISATION'S CONSTITUTION
in terms of NPO Act section 19(2)(a)
Form 19/2a

A. ORGANISATIONAL DETAILS												
NPO Number												
NPO Name												

B. RESOLUTION ADOPTED AT A MEETING HELD ON THE												
Date												
Place												
Time												

C. THE ORGANISATION HAS RESOLVED TO AMEND THE FOLLOWING				
<i>Tick where appropriate</i>	Objective	Financial year end	Number of members	Any other clause
Write the new changes				

NOTES

1. This notice should be signed by an authorised office bearer or delegated proxy with a letter of delegation signed by an authorised office bearer in the organisation's letter head.
2. This notice should be accompanied by the amended constitution.

Name and Surname

Signature of authorised office bearer

Signed at on this day of





RESOLUTION TO CHANGE THE NAME OF THE ORGANISATION
in terms of NPO Act section (19)(2)(a) & (b)
Form 19 /2a&b

ORGANISATION'S NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NPO NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Resolution adopted at a meeting held on the:

Time

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Place

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

It was resolved to change the name of the organisations from (old):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

To (New Name):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I, duly authorised office bearer hereby confirms that this resolution complies with the relevant laws that apply to the organisation.

NOTES

1. This notice should be signed by an authorised office bearer or delegated proxy with a letter of delegation signed by an authorised office bearer in the organisation's letter head.
2. Please attach the old certificate and the amended constitution.

Signature of authorised office bearer



Signed at on this day of



NOTICE OF CHANGE OF ORGANISATIONAL DETAILS
In terms of NPO Act Section 18(1)(b)
Form 18/1b

A. ORGANISATIONAL DETAILS	
NPO Number	
NPO Name	

The organisation has resolved to change the following organisational details

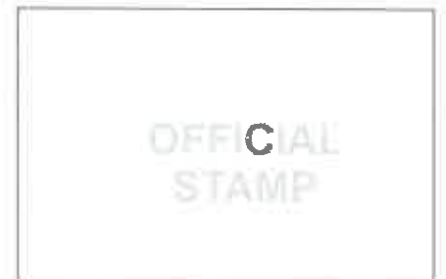
B. CURRENT/OLD CONTACT DETAILS					
Full Names	Landline	Cell Phone	Email	Physical Address	Postal Address

C. NEW CONTACT DETAILS					
Full Names	Landline	Cell Phone	Email	Physical Address	Postal Address

NOTES
This notice should be signed by an authorised office bearer or delegated proxy with a letter of delegation signed by an authorised office bearer in the organisation's letter head.

Name and Surname

Signature



Signed at on this day of