



corporate social investment

CSI APPLICATION FORM

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Section A: Guidelines

PURPOSE

Why we need this information from your organisation?

We ensure that equal consideration is given to all requests for assistance, that the decisions are both fair and consistent; and that the best practice and the various requirements of government (specifically the BBBEE Codes of Good Practice) are met.

REQUIREMENTS

What do we need from you?

In order to be considered for assistance, all organisations seeking support are requested to complete and submit this application form together with their supporting documentations. Please ensure that you:

1. Complete pages 3 to 6 of this form;
2. Have the completed form certified by a commissioner of oaths; and
3. Attach supporting documentation as per the checklist on page 6.

TIMING

When to submit the application for assistance?

All applications for submission will close on 31 December. Further communication will be received 90 days thereafter.

SUBMISSION

Where to submit?

The original signed application together with the supporting documentation should be emailed to csi@kznslots.co.za or delivered to our offices.

ENQUIRIES

Enquiries

Please address all enquiries in writing to KZN Slots via email: csi@kznslots.co.za



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Section B: Applicant

APPLICANT INFORMATION

Registered name Registered name of your organisation										
Status of your organisation	NPO		Educational Institution		PBO		PBO 18A			
NPO registration number	N	P	0				-			
PBO number										
Physical address										
Website address										

APPLICANT CONTACT DETAILS

Name and surname										
Designation										
Land line number										
Mobile number										
Email address										



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Section C: Beneficiaries

BENEFICIARY SUMMARY

Focal Area		Please indicate your organisation's focal area/sby placing a X in the appropriate block					
Education		Health		Welfare		Environment	
Adult Basic Education		Community Health		Animal Welfare		Community Development	
Arts & Culture		Donors & Research		Care of the Aged		Crime	
Industry Specific Training		Drug/Other Addictions		Child Welfare		Research & Surveys	
Mentorship Programmes		HIV/AIDS		Community Services		Housing	
ECD, Preschool to Tertiary		Mental Health		Disaster Relief		Nature Conservation	
Special Needs Education		Physical Disabilities		Feeding Schemes		Urban Regeneration	
Sports Development		Terminal Illness		Violence against Women		Waste Management	
Teacher Training		Wellness & Awareness		Youth Development		Wildlife Preservation	
Other		Other		Other		Other	

Beneficiary Classification Who are your organisation's beneficiaries?	
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Beneficiary Location Where are your organisation's beneficiaries located? What is your organisations reach?	
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Section D: Assistance

CURRENT ASSISTANCE SOUGHT

Primary Sources of Funding	Donor Name	Donation Type	Frequency	Length of Partnership
Primary Sources of Funding Details/Comments				
Assistance Sought Describe exactly what your organisation is requesting from KZN Slots & amount				
Application of Assistance Describe how the assistance will be applied				
Motivation for Assistance Motive why your organisation's request for assistance should be granted (attach additional pages if required)				

PREVIOUS ASSISTANCE RECEIVED

Previous Assistance Received from KZN Slots Details of previous assistance your organisation has received, including date received and the nature of the contribution	
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Section E: Checklist

Document to be submitted with completed Application Form	Please place an X in the appropriate block		
	Document Attached	Document to Follow	Document Unavailable
NPO Registration Certificate			
PBO Validation/Confirmation Letter from SARS			
Financial Statements			
Constitution			
List of Primary Donors with Contact Details			
Background information on organisation			
EMIS Certificate (Educational Institution)			
Confirmation of beneficiaries			
Bank verification letter			
B-BBEE Affidavit			

Section F: Signature

Declaration	I,(name) the undersigned, hereby declare in my capacity as(designation) and duly authorised thereto that the information provided herein is to my knowledge factually correct.
Date	Signed at(place) on this day of(month)(year)
Signature	
Commissioner of Oaths	

Please have your submission certified by a commissioner of oaths.