



Association for Non Profit Organisations NPC

Reg: NO: 2012/060467/08

Registered in terms of Section-21 Companies

Tax Ref: 9120063194 | PBO No: 930068019

Website: www.npo.org.za



2021

APPLICATION FOR TAX EXEMPTION for **NPO'S**

CHECK LIST

- N/A
- 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 Financial 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 the application form.
 - ORIGINAL Proof of ADDRESS of the organisation. OR Complete Form CRA01
 - TAX NUMBERS of all three members that are written on the form
 - DIRECTOR appointment Letter. (Attached)
 - PUBLIC OFFICER appointment Letter. (Attached)
 - PROOF OF ADDRESS of public officer.

General Guide

Complete Form A by three persons that have personal TAX numbers	Complete & Sign LETTER OF APPOINTMENT OF DIRECTORS
Complete and Sign Declaration by person appearing on form A	Complete and Sign LETTER OF APPOINTMENT OF PUBLIC OFFICER
Complete and EI2 by person appearing on form A	Complete Affidavit if organisation has no Financials.
Complete and Sign CRA01 Form (by owner confirming address)	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.

2021 SERVICE FEE – R375

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, 1st Floor, Office 105, Marshalltown, Johannesburg 2001

Or Post to: ~~Msamanzi P.O. Box 90291, Bertsham 2013, South Africa.~~

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@msamanzi.co.za.

Payment Details:

<p>PLEASE ATTACH PROOF OF PAYMENT R375 - WITH THE APPLICATION</p> <p>PAYMENTS MADE TO: ASSOCIATION FOR NON PROFIT ORGANISATIONS.</p> <p>FNB * ACC No: 6242-4330-554 – BRANCH: DUNDEE – DEPOSIT REFERENCE: NAME OF ORGANISATION</p>

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:

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:.....
E-mail address:.....

Bank particulars:

Name of bank:..... Name of account holder:.....
Type of account: []Current Savings []Transmission
Branch number:..... Account number:.....

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

Full names:.....Surname:.....
Title:..... Position held:..... Cellular phone number:.....
Telephone number – Work:..... Telephone number – Home:.....
Identity number:..... Date of birth:..... Income Tax reference no:.....
Postal address:..... Postal code.....
Residential address:..... Postal code.....
E-mail address:..... Signature:.....

Full names:.....Surname:.....
Title:..... Position held:..... Cellular phone number:.....
Telephone number – Work:..... Telephone number – Home:.....
Identity number:..... Date of birth:..... Income Tax reference no:.....
Postal address:..... Postal code.....
Residential address:..... Postal code.....
E-mail address:..... Signature:.....

Full names:.....Surname:.....
Title:..... Position held:..... Cellular phone number:.....
Telephone number – Work:..... Telephone number – Home:.....
Identity number:..... Date of birth:..... Income Tax reference no:.....
Postal address:..... Postal code.....
Residential address:..... Postal 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 OF DIRECTORS/TRUSTEES/OFFICE BEARERS BY:

THE DIRECTORS OF THE COMPANY, TRUSTEES OF THE TRUST OR MEMBERS OF ORGANISATION LISTED ON THE FOUNDING DOCUMENT:

NAME OF THE ENTITY:

REGISTRATION NUMBER:

INCOME TAX NUMBER:

DATE OF APPOINTMENT:

WE AS DIRECTORS/TRUSTEES/OFFICE BEARERS

WISH TO CONFIRM IN WRITING THE APPOINTMENT OF FIDUCIARIES OF THE ABOVE MENTIONED ENTITY:

NAMES AND SURNAME:

NAMES AND SURNAME:

NAMES AND SURNAME:

AND THE REPRESENTATIVE TAXPAYER:

NAMES AND SURNAME:

Effective from this day _____ of _____ 20__

Signature of Directors/trustees/Members appointing the above

Director/Trustee/Office bearer

NAMES AND SURNAME: Signature

NAMES AND SURNAME: Signature.....

NAMES AND SURNAME: Signature.....

Witnesses:

Full Name & Surname: _____ Signature: _____

Full Name & Surname: _____ Signature: _____

LETTER OF APPOINTMENT OF THE PUBLIC OFFICER

NAME OF THE COMPANY :
REGISTRATION NUMBER :
TAX NUMBER :
DATE OF APPOINTMENT :

We

Name ID nr
Name..... ID nr
NameID nr.....
Name ID nr.....
Name ID nr

wish to confirm in writing the appointment of
..... (*Public Officer Name*) with Identity
number as the Public Officer of the above
mentioned entity.

Signature: Date:

Signature: Date:

Signature: Date:

Signature: Date:

Signature: Date:

Signature: Date:

Witnesses

1. Full name:

2. Full name:

SWORN - AFFIDAVIT

NAMES SURNAME

ADDRESS

ID No: OR PASSPORT No: TEL/CELL:

States under oath in English:

To the Commissioner - SARS - TEU

I

Chairperson of: _____ REG No: _____

Hereby state that the organisation was unable to prepare **Annual Financial Statements** for the financial

PREVIOUS PERIODS:

due to the following reasons:

I hereby confirm that the organisation has not been able to prepare financials statement and has not been able to afford audit fees

I attach herewith compulsory **BANK STATEMENT**

Other attached documents (where applicable)

I further state that the organisation did not receive funding/ or subsidy during the period in respect.

I further request the SARS Commissioner to update the records of the organisation

“I certify that the DEPONENT has acknowledged that he/she knows and understands the contents of this affidavit, that he/she does not have any objection to taking the oath, and that he/she considers it to be binding on his/her conscience, and which was sworn to and signed before me:

At on this day of 20....

administering oath complied with the regulations contained in Government Gazette No. R 1258 of 21 July 1972, as amended.

Signature:.....

COMMISSIONER OF OATHS

Signature of Commissioner of Oaths: _____

Stamp

Name of Commissioner of Oaths: _____

Designation Commissioner of Oaths: _____

