social development
Department:
Social Development
REPUBLIC OF SOUTH AFRICA

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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		*Tick where appropriate*
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.**

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					