

353 Festival Street | Hatfield |
Pretoria, 0028 | P.O. Box 74097,
Lynnwood Ridge | South Africa,
0040

Tel: 012 748 3949
www.nhc.org.za


NHC FUNDING DECLARATION FORM

Any legal person, including persons employed by the state, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of the invitation to the public advert. In view of possible allegations of favouritisms, should the resulting funding advertisement, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the applicants or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where:-

- ✓ The applicant is employed by the state; and/or
- ✓ The legal person on those behalf the application/proposal is signed, has a relationship with persons/a person who are/is involved in the evaluation and/or adjudication of the application/proposal; or
- ✓ Where it is known that such a relationship exists between the persons/person for or on behalf the declarant acts and persons who are involved with the evaluation and/or Adjudication of the applications/proposals.

1. In order to give effect to the above, the following questionnaire must be completed and submitted with the application forms:

- a) Name of the Organisation:
- b) Full names and surname of the applicant or his/her representative:
.....
- c) Identity number:
- d) Position in the oorganisation (Director/Trustee/Shareholder/member):
.....

- e) Registration number of the organisation/Trust/Association/etc:
- f) Current/Active Tax Reference Number with a pin code:
- g) Vat registration number (where applicable):

2. Directorships/ Partnerships/ Trustee /Membership of CBO/ NGO or any other entity

(Surname and initials)

- 1. _____ ID No: _____
- 2. _____ ID No: _____
- 3. _____ ID No: _____
- 4. _____ ID No: _____
- 5. _____ ID No: _____
- 6. _____ ID No: _____
- 7. _____ ID No: _____
- 8. _____ ID No: _____

3. Beneficiation:

Has the project benefited from the NHC funding in the past? If so please provide details:

#	Description	Amount allocated	Period of Funding

4. Other Sponsorships already secured for the same project:

Source of assistance/sponsorship	Description of assistance/ sponsorship	Value of assistance/sponsorship
1		
2		
3		

5. Full names and surnames

Signatures of authorising person(s)

.....

.....

Chairperson

Date:

Place:.....

.....

.....

Treasurer

Date:.....

Place:.....

.....

.....

Secretary

Date:.....

Place:.....

.....

.....

Project Manager

Date:.....

Place:.....