

A. ORGANISATIONAL DETAILS

NPO Number

NPO Name

Private Bag X901 | Pretoria, 0001 | 134 Pretorius Street | HSRC Building, Pretoria Tel: (012) 312 7500 | Fax: (012) 312 7684 | email: NPOEnquiry@dsd.gov.za

REQUEST FOR REPRINTING OF NPO CERTIFICATE

B. DETAILS OF	THE C	FFICE BEARER RI	EQUESTING F	REPRINTIN	NG		
Name							
Surname							
ID Number							
Telephone number							
Email							
C DEACONS							
C. REASONS							
Ticking the appropriate	Lost certificate		Torn/unreadable certificate		Any other reason (Write the reason)		
section							
Write a brief summary of the reasons for requesting reprint							
As a duly authorised representative to act on behalf 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							

NB: If the person filing the form is not the office Bearer, the form should be accompanied by an authorization/proxy letter and certified copy of ID of the authorized office bearer.