

SYGNIA CSI FUNDING APPLICATION FORM

To be completed in full and submitted together with ALL supporting documents, to sygcsi@sygnia.co.za by **Thursday, 29 February 2024**.

The focus of the Sygnia Foundation is EDUCATION – from Early Childhood Development to Tertiary Education.

DOCUMENT CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION

- Background information on organisation
- Organisation's constitution / Articles of association and memorandum
- List of directors and members/or trustees
- Latest audited financials
- Tax Exemption Certificate
- Proof of bank account
- Budget for the year, and
- Independent person's report verifying % of black people benefited
- Latest verified BEE certificate or affidavit

DETAILS OF ORGANISATION

Organisation name: _____

Registration number: _____

Legal status (NPO / PBO / Section 21): _____

Contact person(s): _____

Postal address: _____

Physical address: _____

Are the premises owned or leased: Owned Leased No physical premises

Telephone: _____ Cell: _____

Email: _____ Website: _____

ADDITIONAL DETAILS:

	2024	2023	2022
Number of learners:	_____	_____	_____
Number of educators:	_____	_____	_____
Number of staff:	_____	_____	_____
Geographic area/s:	_____	_____	_____
Age group(s):	_____	_____	_____
Gender:	_____	_____	_____
% of black people* benefited:	_____ %	_____ %	_____ %

*DTI definition of black people: African, Coloureds and Indians who are South African citizens.

How is success measured? _____

Top achievements to date: _____

What additional resources do you offer learners once they post leave the facility? _____

Overview of learners who have achieved a measure of success (started their own business, completed studies or were placed in jobs, etc.):

Overview of those who have failed your program or have not reached any measurable success:

BANKING DETAILS

Bank: _____ Account number: _____

Branch: _____ Branch code: _____

Type of account: Current Transmission Savings

Names of signatories: _____

AUTHORITY TO APPLY FOR FUNDS

Name of applicant: _____ Title: _____

I hereby declare that I am authorised to raise funds on behalf of the organisation.

Signature: _____ Date: _____

In my capacity as Chairperson, I hereby declare that: _____ (name), being
the _____, (title) is duly authorised by the Board / Committee to apply for fund-
ing on behalf of the aforementioned organisation.

Name: _____ Signature: _____

Date: _____

Disclaimer: Please be advised that the submission of this completed application form does not automatically mean that there is a formal commitment on the part of Sygnia to provide the requested funds. Submission of this form authorises Sygnia to conduct credit checks on the project members.