



Sygnia Corporate Social Responsibility (CSR) Application Form

Document Checklist (Compulsory)

- 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

Note: To be completed in full and submitted together with ALL supporting documents, to sygcsl@sygnia.co.za by **Friday, 28 February 2025**.

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: _____

Sygnia

Sygnia Financial Services (Pty) Ltd
Registration No. 2010/015491/07

Cape Town: 7th Floor, The Foundry, Cardiff Street, Green Point, 8001 | T +27 446 4940 | F +27 86 680 8045
Johannesburg: Unit 40, 6th Floor, Katherine & West Building, West Street, Sandton, 2196 | T +27 10 595 0550 | F +27 86 206 5173
Durban: Office 2, 2nd Floor, Ridgeview, 1 Nokwe Avenue, Ridgeside, Umhlanga Ridge, 4319 | T +27 31 001 0650 | F +27 86 206 4421
info@sygnia.co.za | www.sygnia.co.za
Sygnia Financial Services (Pty) Ltd is a licensed Financial Services Provider [FSP 44426]

Additional details:

	2025	2024	2023
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.

The Project

Rand amount requested: _____ Total project budget: _____

Other donors and amounts contributed:

Donor name	Amount

Project Details

Please include details on the following :

- Project background
- Current needs
- Duration of project



Initiatives conducted at the premises:

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 funding on behalf of the aforementioned organisation.

Name: _____ Date: _____

Signature: _____

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.