

# CORPORATE SOCIAL INVESTMENT REQUEST FOR FUNDING APPLICATION FORM



## GUIDELINES FOR AN APPLICATION FOR CSI FUNDING

- All applications **MUST** be accompanied by the documents specified in the supporting documents checklist at the end of this form. Where the combined file size of all supporting documents exceeds 10 megabytes, a secure online link to access and download these documents should be supplied.
- A request for funding application is not a guarantee of aid.
- An incomplete application may not be accepted or may require further investigation.

**COMPLETED APPLICATIONS MUST BE EMAILED TO: [csi@avbob.co.za](mailto:csi@avbob.co.za)**

## SECTION A ORGANISATION DETAILS

Which of the following are you registered as?

- Non-governmental Organisation (NGO)
- Non-profit Company (NPC)
- Non-profit Organisation (NPO)
- Public Benefit Organisation (PBO)

Organisation trading name

Organisation registered name

Organisation registered number

Describe the nature/type of organisation (provide focus areas)

Is the organisation registered for tax purposes?

Yes  No

Do you produce annual financial statements?

Yes  No

Organisation telephone

Organisation email address

Organisation website

Postal address

Physical address

Code

Code

5 Impala Avenue, Irene Link Office Park,  
Building D, Doringkloof, Centurion, 0157  
PO Box 1661, Pretoria, 0001, South Africa

Tel no.: 0861 28 26 21, Fax no.: (012) 303 1383  
Website address: [www.avbob.co.za](http://www.avbob.co.za)  
Call centre: 0861 28 26 21, USSD: Dial \*120\*28262#

**Social Programs**  
Tel no.: 012 303 1588  
Email: [csi@avbob.co.za](mailto:csi@avbob.co.za)

Location/s of beneficiaries:

<input type="checkbox"/> Eastern Cape	<input type="checkbox"/> KwaZulu-Natal	<input type="checkbox"/> North West
<input type="checkbox"/> Free State	<input type="checkbox"/> Limpopo	<input type="checkbox"/> Northern Cape
<input type="checkbox"/> Gauteng	<input type="checkbox"/> Mpumalanga	<input type="checkbox"/> Western Cape

**SECTION B CONTACT DETAILS**

Contact person	Designation
<input type="text"/>	<input type="text"/>
Organisation	Email address
<input type="text"/>	<input type="text"/>
Telephone number	Cellphone number
<input type="text"/>	<input type="text"/>

**SECTION C BANK ACCOUNT DETAILS**

Account holder name	Account type
<input type="text"/>	<input type="text"/>
Account number	Bank name
<input type="text"/>	<input type="text"/>
Branch name	Branch code
<input type="text"/>	<input type="text"/>

Do you consent to AVBOB conducting account holder verification? Yes  No

Please state your reasons if your answer is no:

**SECTION D UNDERSTANDING YOUR ORGANISATION AND NEEDS**

Give a brief overview of the services provided by your organisation



Expected number of attendees

### Detailed budget outlining your funding request

*NB: A budget submission is compulsory. Should the template below not be sufficient then please attach your budget in .PDF format when submitting this application.*

Activity	Budget required (in South African rand)	% of total budget	Province/s where funds will be allocated (list all)
	R		
	R		
	R		
	R		
	R		
	R		
	R		
	R		
	R		
	R		
	R		
	R		
	R		
<b>TOTAL BUDGET REQUIRED (ALL ACTIVITIES)</b>	R	<b>100%</b>	

### What monitoring and evaluation methods will be used to measure the social impact?

*Please provide insight into what will be measured, the related activities together with the expected outputs, outcomes and impact e.g. a Theory of Change*

Select the focus area/s of your initiative from the United Nations Sustainable Development Goals (2023) listed below

Focus areas	Mark with X	Focus areas	Mark with X
1 – No Poverty		10 – Reduced Inequalities	
2 – Zero Hunger		11 – Sustainable Cities and Communities	
3 – Good Health and Wellbeing		12 – Responsible Consumption and Production	
4 – Quality Education		13 – Climate Action	
5 – Gender Equality		14 – Life below Water	
6 – Clean Water and Sanitation		15 – Life on Land	
7 – Affordable and Clean Energy		16 – Peace, Justice and Strong Institutions	
8 – Decent Work and Economic Growth		17 – Partnerships for the Goals	
9 – Industry, Innovation and Infrastructure			

How does your initiative address the focus area/s selected above?

## SECTION E ADDITIONAL INFORMATION

Additional information in support of your application

Have you previously applied or received sponsorship from AVBOB?

Please provide details e.g. date, initiative and amount

Which other sponsors have funded your organisation in the past three years?

State funding details e.g. date, organisation and amount

## SECTION F CERTIFICATION AND DISCLAIMER

I hereby certify that the information submitted herein is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal of the application and may be punishable by criminal prosecution.

I further acknowledge that the **AVBOB** Mutual Assurance Society ("The Society") is not obliged to accept or consider this application for funding/sponsorship. The Society retains all its rights herein including the right to process, approve or disapprove the application and is not obliged to provide the applicant with reasons for its decision.

Name

Place

Organisation

Capacity

Date

Signature

**SECTION G****SUPPORTING DOCUMENTS CHECKLIST**

Please indicate the documents that you are supplying with your application

Document	Check if supplied	Comments for AVBOB's attention <i>Please describe why a document is not available if not supplied</i>
Registration certificate of organisation		
Section 18A SARS documentation (required if registered for tax purposes)		
Latest financial statements		
Annual reports		
Audited financial statements		
B-BBEE certificate		
Proof of bank account (not more than three months old): Either a clear copy of a recent bank statement or internet banking statement. Where a bank statement cannot be produced, an original letter from the bank on the bank letterhead with the original bank stamp confirming the account holder's legal name, account number, account type, branch code and reflecting the date the bank account was opened.		
Detailed budget outlining your funding request		
Certified copies of all directors/trustees IDs		
Additional information in support of your application (supply as relevant)		

## REMINDER:

**Please review the guidelines for an application for  
CSI FUNDING at the start of this form before submitting.**

**Completed applications (with supporting documents)  
MUST BE E-MAILED TO: [csi@avbob.co.za](mailto:csi@avbob.co.za)**