

CSI APPLICATION FORM

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Section A: Guidelines

PURPOSE

Why we need this information from your organisation?

We ensure that equal consideration is given to all requests for assistance, that the decisions are both fair and consistent; and that the best practice and the various requirements of government (specifically the BBBEE Codes of Good Practice) are met.

REQUIREMENTS

What do we need from you?

In order to be considered for assistance, all organisations seeking support are requested to complete and submit this application form together with their supporting documentations. Please ensure that you:

1. Complete pages 3 to 6 of this form;
2. Have the completed form certified by a commissioner of oaths; and
3. Attach supporting documentation as per the checklist on page 6.

TIMING

When to submit the application for assistance?

All applications for submission will close on 31 December. Further communication will be received 90 days thereafter.

SUBMISSION

Where to submit?

The original signed application together with the supporting documentation should be emailed to csi@grandgaming.co.za or delivered to our offices.

ENQUIRIES

Enquiries

Please address all enquiries in writing to Grand Gaming Gauteng via email: csi@grandgaming.co.za

Section B: Applicant

APPLICANT INFORMATION

| | | | | | | | | | | |
|---|-----|---|-------------------------|--|-----|--|---------|--|--|--|
| Registered name Registered name of your organisation | | | | | | | | | | |
| Status of your organisation | NPO | | Educational Institution | | PBO | | PBO 18A | | | |
| NPO registration number | N | P | 0 | | | | - | | | |
| PBO number | | | | | | | | | | |
| Physical address | | | | | | | | | | |
| Website address | | | | | | | | | | |

APPLICANT CONTACT DETAILS

| | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|
| Name and surname | | | | | | | | | | |
| Designation | | | | | | | | | | |
| Land line number | | | | | | | | | | |
| Mobile number | | | | | | | | | | |
| Email address | | | | | | | | | | |

GRAND

GAMING

Slots

corporate social investment

Section C: Beneficiaries

BENEFICIARY SUMMARY

| Focal Area | | Please indicate your organisation's focal area/sby placing a X in the appropriate block | | | |
|----------------------------|--|---|------------------------|-----------------------|--|
| Education | | Health | Welfare | Environment | |
| Adult Basic Education | | Community Health | Animal Welfare | Community Development | |
| Arts & Culture | | Donors & Research | Care of the Aged | Crime | |
| Industry Specific Training | | Drug/Other Addictions | Child Welfare | Research & Surveys | |
| Mentorship Programmes | | HIV/AIDS | Community Services | Housing | |
| ECD, Preschool to Tertiary | | Mental Health | Disaster Relief | Nature Conservation | |
| Special Needs Education | | Physical Disabilities | Feeding Schemes | Urban Regeneration | |
| Sports Development | | Terminal Illness | Violence against Women | Waste Management | |
| Teacher Training | | Wellness & Awareness | Youth Development | Wildlife Preservation | |
| Other | | Other | Other | Other | |

| | |
|---|--|
| Beneficiary Classification Who are your organisation's beneficiaries? | |
|---|--|

| | |
|---|--|
| Beneficiary Location Where are your organisation's beneficiaries located? What is your organisations reach? | |
|---|--|

Section D: Assistance

CURRENT ASSISTANCE SOUGHT

| Primary Sources of Funding | Donor Name | Donation Type | Frequency | Length of Partnership |
|---|------------|---------------|-----------|-----------------------|
| Primary Sources of Funding Details/Comments | | | | |
| Assistance Sought Describe exactly what your organisation is requesting from Grand Gaming Gauteng and amount | | | | |
| Application of Assistance Describe how the assistance will be applied | | | | |
| Motivation for Assistance Motivate why your organisation's request for assistance should be granted (attach additional pages if required) | | | | |

PREVIOUS ASSISTANCE RECEIVED

| | |
|--|--|
| Previous Assistance Received from Grand Gaming Gauteng Details of previous assistance your organisation has received, including date received and the nature of the contribution | |
|--|--|

Section E: Checklist

| Document to be submitted with completed Application Form | Please place an X in the appropriate block | | |
|--|--|--------------------|----------------------|
| | Document Attached | Document to Follow | Document Unavailable |
| NPO Registration Certificate | | | |
| PBO Validation/Confirmation Letter from SARS | | | |
| Financial Statements | | | |
| Constitution | | | |
| List of Primary Donors with Contact Details | | | |
| Background information on organisation | | | |
| EMIS Certificate (Educational Institution) | | | |
| Confirmation of beneficiaries | | | |
| Bank details | | | |
| B-BBEE Affidavit | | | |

Section F: Signature

| | |
|-----------------------|--|
| Declaration | I,(name) the undersigned, hereby declare in my capacity as(designation) and duly authorised thereto that the information provided herein is to my knowledge factually correct. |
| Date | Signed at(place) on this day of(month)(year) |
| Signature | |
| Commissioner of Oaths | |

Please have your submission certified by a commissioner of oaths.