



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

CERTIFIED AS A TRUE COPY

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Tel: (012) 312 7500 | Fax: (012) 312 7684
CHIEF DIRECTOR OF NON-PROFIT ORGANISATIONS
DEPT OF SOCIAL DEVELOPMENT
Email: NPOEnquiry@dsd.gov.za

NOTIFICATION OF NON COMPLIANCE WITH FINANCIAL PROVISION

In terms of NPO Act Section 18(a)
Form 18a

A. ORGANISATIONAL DETAILS

NPO Number	010-914
NPO Name	SIPHWE UKUFI KADAY CARE Centre
Year	2012 to 2019 FEB

B. CONTACT PERSON DETAILS

Name	SIPHWE
Surname	METHIMUNYE
ID Number	6502100528081
Telephone number	0823966702
Email	preyusedibe@gmail.com
Does the NPO have funds	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Bank Acc status	Active <input type="checkbox"/> Inactive <input type="checkbox"/>

Tick where appropriate

C. REASONS FOR THE NOTICE

Tick where appropriate	Do not have funds	No longer operational	Any other reason (Write the reason)
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

NOTES

- This should be signed by an authorised office bearer or should be accompanied by an authorisation/proxy letter and certified copy of ID of the authorised office bearer.
- If the Bank account is active a 12 months bank statement should be provided for each financial year.

**OFFICIAL
STAMP**

As a duly authorised representative to act on behalf of 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	Siphwe Methimune	Date	Year	Month	Day
Signature			2020	02	05

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02 May 2023



CHIEF DIRECTORATE NON-PROFIT ORGANISATIONS
DEPT OF SOCIAL DEVELOPMENT