

T-Number Application Form

Name of Organisation: _____

Please take note of the requirements below, as you complete the Application

Guidelines:

This T-Number application form is only to be used when:

- is unable to obtain the SDL number from SARS
- The organizations' primary focus is within the Health or Social Development Sector as per the standard industrial code
- The Organisation is exempted from paying the Skills Development Levy
- ONLY NPO'S, CBO'S, NGO'S and FBO'S that do not have an SDL number are eligible to apply

Please note that the HWSETA will not accept the T-number application form if:

- the application form is incomplete
- the Organisation applying for the T-number is not an NPO'S, CBO'S, NGO'S or FBO's
- the Organisations primary focus is not within the Health or Social Development Sector
- the Organisations primary focus is "Training"
- the supporting documents required are not attached
- the application is not accompanied by an SDF Registration form
- the application form is faxed or emailed
- the application is not stamped with the Organisations stamp

The HWSETA will after receiving the application form:

- Evaluate the application
- Conduct a visit on the Organisations premises (Organisations will be notified prior to the visit)
- Provide a written response to the Organisation.

SECTION A

Organisation Information	
Name of the Organisation:	
Physical Address:	
Postal Address:	
Province:	
Municipality:	
Tel:	
Fax:	
Email:	
NPO Number:	
No of Employees:	
Describe the core business of the Organisation:	

SECTION B

Organisation Contact:	
Title:	
Surname:	
First Name:	
Initials:	
Occupation/ Designation within the organization:	
Tel:	
Fax:	
Email:	
Cell:	

SECTION C

Please attach the following documents to this application:	
Tax Clearance Certificate:	
Cancelled cheque (original) OR proof of banking details (Bank Stamped letter):	
3 months Bank statement:	
Proof of Business Address (Utility Bill):	
Proof of NPO / NGO Registration: Proof that Organisation is Registered with Department of Social Development:	
SDF copy of certified identity document:	
SDF appointment letter:	

Authorisation:

The application with all supporting documentation must be hand delivered or posted or emailed to the HWSETA Provincial Offices and addressed for the attention of the relevant Provincial Manager.

For any enquiries please contact the Provincial Office.

For Head Office enquiries please contact Ms Daphney Mafolo on daphneym1@hwseta.org.za on 011 607 7046 or Ms Motshidisi Marera on motshidisim@hwseta.org.za or on 011 607 7026

Name of Authorized Signatory :	
Position in Organisation:	
Signature:	
Date:	
Name of the SDF :	
Signature:	
Date:	
Please use Company Stamp:	