



40th Anniversary Community Rewards Programme Nomination Form



LegalWise South Africa (RF) (Pty) Ltd (Reg. No 1999/003661/07) is an Authorised Financial Services Provider (FSP 50292). The LegalWise Membership Agreement is underwritten by Legal Expenses Insurance Southern Africa Limited (LEZA) (Reg. No 1984/010574/06), a licensed insurer conducting non-life insurance business and a licensed controlling company, and Authorised Financial Services Provider (FSP 17008).

As part of our 40th Anniversary celebrations, LegalWise is offering rewards of R40 000 each to 5 Non-Profit Organisations. LegalWise Members are invited to nominate an organisation in their community which they believe is contributing to building stronger communities by using existing skills, talents and resources.

In order to nominate an organisation, please complete this form and return it to LegalWise via:

- > E-mail to helenf@legalwise.co.za
- > Post to CSI Department, LegalWise Head Office, PO Box 6144, Weltevreden Park, 1715.
- > Or by handing it in at your nearest LegalWise Branch.

Nominations must reach us by **31 May 2025**. No late nominations will be considered. Selection will be based on the extent to which the organisation has utilised existing skills, talents and resources to achieve its goals. The five selected Community Rewards recipients will be profiled in the next edition of the WiseUp.

Requirements:

- > You must have an active LegalWise Membership which has been active for at least one year.
- > The nominated organisation must be registered as a Non-Profit Organisation with the Department of Social Development.
- > The organisation must have been in operation for at least two years.
- > The organisation must be registered with SARS as a public benefit organisation in order to issue a Section 18A tax certificate.
- > Please complete the nomination form thoroughly and attach all relevant documentation.
- > Incomplete nominations will not be considered.

LegalWise Member's Details:

Full Name: _____

Membership Number: _____

ID Number: _____

Postal Address: _____

Postal Code: _____

Tel Number: _____

Cell Number: _____

E-mail Address: _____

Organisation Details:

Name of Organisation:

Non-Profit Registration Number:

Physical Address:

Postal Address:

Postal Code:

Tel Number:

E-mail Address:

Contact Person:

Contact Person's Tel Number:

Please give a detailed description of what the organisation does, including the following:

- > Background of the Organisation
- > How the Organisation started
- > Description of the activities the Organisation undertakes in the community
- > Outline of how the Community Rewards funding will be utilised by the Organisation
- > Additional pages may be used where necessary
- > Please include photos of the work the Organisation does
- > Please attach a copy of the organisation's Non-profit certificate, a copy of the organisation's SARS public benefit organisation certificate and a letter from their bank confirming banking details of the organisation.

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Conditions: