



## Application Form / Motivation for Assistance from Government and Parastatal FPA Membership via the ECUFPA

### 1. FPA Details

FPA Name: \_\_\_\_\_  
FPA Registration Number: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Applicant position: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
\_\_\_\_\_

FPA reporting / financial year period: \_\_\_\_\_ to \_\_\_\_\_  
Date of last AGM: \_\_\_\_\_  
Annual report submitted to DAFF (Y/N) \_\_\_\_\_  
Copy of annual report submitted to ECUFPA (Y/N) \_\_\_\_\_  
Letter of consent signed with ECUFPA (Y/N) \_\_\_\_\_

### 2. Government department or parastatal Details

Name of organization: \_\_\_\_\_ R  
Name of organization: \_\_\_\_\_ R  
Name of organization: \_\_\_\_\_ R  
**Total** \_\_\_\_\_ **R**

### FPA Options

Please indicate your options and preferences in terms of "ECUFPA Policy on Government and Parastatal FPA Membership Requirements and method for distribution of funding" (document available on ECUFPA website).

Training	_____
Equipment	_____
Monetary value	_____
Combination of above	_____
Keep funds in Trust (Bank)	_____

#### 3.1 Training:

Type of training required \_\_\_\_\_

#### 3.2 Equipment:

Type of Equipment required \_\_\_\_\_

#### 3.3 Monetary Value:

FPA VAT registered (Y/N) \_\_\_\_\_ VAT Number: \_\_\_\_\_

Date of FPAs last financial statements \_\_\_\_\_

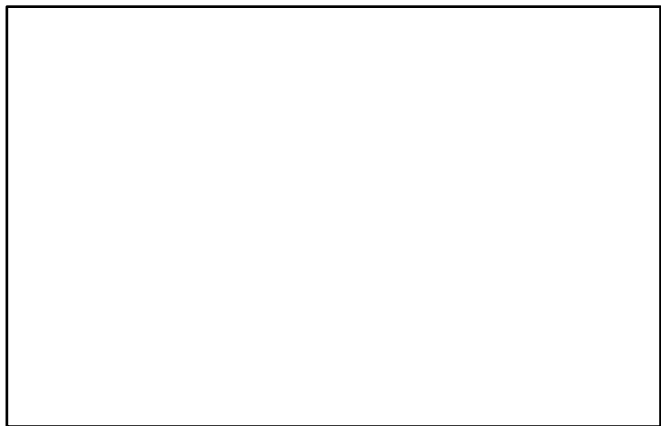
Goal / aim with these funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit the following documents with application for payment of monetary value: 1. Signed Financials; 2. DAFF Annual Report (if not already submitted)

**3. FPA Banking Details: (Only with your first application or if your banking details change)**

(To be stamped by your bank or letter from bank)

Name of the account: \_\_\_\_\_  
 Type of account: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Branch Code: \_\_\_\_\_



Stamp from bank

On behalf of the \_\_\_\_\_ FPA, we hereby declare that the information supplied in this application, is correct and true.

Bank signature: \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Position

FPA signature: \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Position

- NOTES:**
- Section 3.3 and 4 only need to be completed if FPA require monetary assistance towards membership fees.
  - Please feel free to supply further details in separate format if not enough space is provided.

FOR OFFICE USE ONLY:			
1. DAFF Annual Report Attached.		2. ECUFPA Consent Signed.	
3. Signed Financials Attached \ Reviewed (for "3.3. Monetary Value" Option).		4. Application Form Stamped <b>OR</b> Bank Letter Attached (for "3.3. Monetary Value" Option).	
	<u>Signature</u>	<u>Name</u>	<u>Date</u>
<b>Checked by – No. 1:</b>			
<b>Checked by – No. 2:</b>			
<b>Approved by:</b>			