



REPUBLIC OF NAMIBIA
MINISTRY OF HEALTH AND SOCIAL SERVICES

W.1.

Annexure A

APPLICATION FOR REGISTRATION AS A WELFARE ORGANIZATION

In terms of Section 19 (1) of the National Welfare Act, 1965 (Act 79 of 1965), as amended.

PARTICULARS OF THE ORGANIZATION APPLYING FOR REGISTRATION

1.(a) Name of organization:

.....

Address of administrative head office (Physical & Postal & E-mail
Address, Tel & Cell & Fax Numbers):

.....
.....
.....

(b) Affiliation

i) State name of body to which the organization is affiliated:

.....

ii) State names of organization affiliated to your organization:

.....

(c) Date of establishment:

(d) Area in which organization operates or proposes to operate:

.....

(e) Number of subsidiary branches of your organization:

(f) Objects (**NOTE - Give short description of the activities and objects of the organization for insertion in the registration certificate and publication in the Gazette**) (*It will be find in the organization constitution*).

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.....

PARTICULARS OF THE MANAGING BODY OF THE ORGANISATION

2. (a) Number of members serving on the Managing Committee

(b) Full name, address and occupation of the:-

(i) Chairperson:

(ii) Vice-chairperson:

(iii) Treasurer:

(iv) Secretary:

(v) Other members:

.....

(c) Remuneration of chief executive officers-

(i) Honoraria (if any) of:

Honorary Treasurer

Honorary Secretary

Other members of the management

.....

(ii) Salary of-

Treasurer..... N\$

Secretary..... N\$

(d) Auditor-

(i) Name, address and qualifications of auditor:

.....

(ii) Is he/she registered under the Public Accountant's and Auditor's Act, 1951 (Act 51 of 1951)?

(e) Name and address of bank at which the central banking account is kept.

.....

(f) Date on which financial year ends:

(g) The Managing Committee members meets times per annum/monthly.

CONTROL OF BRANCHES (IF ANY?)

3. (a) To what extent are the branches subject to the control of the Head Office Managing Committee?

.....

 (b) To what extent do the branches control their own finances?

(c) Do the branches have their own constitutions and managing committees?.....

(d) Are members of the managing committees of the branches receiving any remuneration?

SOURCES OF INCOME

4. NOTE - Describe briefly the sources of income, stating by what means funds are raised and whether the organization receives financial assistance from Government (state name of Ministry/local authority):

.....

5. I, the undersigned, being the Secretary of the above-mentioned organization and duly authorized by the.....

(Managing Committee, Board or Council)

hereby apply to have the said organization registered under the provisions of the National Welfare Act, 1965 (Act 79 of 1965), and declare that the information supplied above, is true and correct to the best of my knowledge. A certified true copy of the constitution, audited balance sheet and audited statement of income and expenditure are enclosed. *(These statements must be signed by the Chairman and the Treasure or Secretary as well as the auditor.)*

PLACE: SECRETARY:

DATE:

(Kindly submit this application to the office of the Secretary of the Regional Welfare Committee at the social work district office of the Ministry of Health and Social Services in your Region.)

Any person or persons desiring to raise objections against the registration of the organization must submit such representations to the Secretary of the Regional Welfare Committee, (**physical address and contact details of the district social worker office**) within twenty-one days as from the date of this advertisement.