

ANNEX 2 - DONATION APPLICATION FORM

DETAILS ON THE DONATION

Purpose of the donation:

Expected date for the donation:

Purpose/Uses of sponsorship:

Origin of donation (e.g., referred by an Employee or by a known Business Partner – to specify name of referrer)

Value of donation:

Please list the names of any other Employees participating in the Donation:

DETAILS ON THE BENEFICIARY

Name of beneficiary/ies:

Contact details:

Describe the nature of business/profile of the beneficiary:

Does the Beneficiary or any of its related principals have any relationship with a Public Official or state-owned entity or parastatal body?

Yes No

If yes, please provide full details.

Will any Public Official or state-owned entity or parastatal body or political party benefit from the donation, directly or indirectly?

Yes No

If yes, please provide full details.

Does the beneficiary have any business or business-related decision pending (e.g., a contract, application, tender, approval, license, permit, etc.) with the Company?

Yes No

If yes, please provide full details regarding the pending business.

List other beneficiaries of the donation and how they will benefit

Are you aware of any competitor of the Company who is also sponsoring this event?

Yes No

If yes, please provide relevant details.

Has the beneficiary received other donation(s) from the Company within the 2 years?

Yes No

If yes, please describe the prior donation(s), including the value and date received.

Is there any other beneficiary/ies who have recently received similar donation(s) from the Company

Yes No

If yes, please describe the recent donation(s), including the value and date received (Max 3):

Please describe the proposed donation agreement (e.g., key terms and conditions, including how this sponsorship will benefit the Company and its stakeholders)

INTERNAL REFERENCE

Name of Employee completing this form:

Title or Position:

Department/Business Unit:

Signature & Date:

REVIEW & APPROVAL			
CSR Manager	Name:	Position:	Sign & Date:
Local Compliance Officer	Name:	Position:	Sign & Date:
Senior Management – Executive	Name:	Position:	Sign & Date:
Group General Counsel	Name:	Position:	Sign & Date:
Group Impact Director	Name:	Position:	Sign & Date:
Group Regulatory Director	Name:	Position:	Sign & Date:

Please attach to your completed form:

1. a copy of the letter from the potential Beneficiary requesting the donation; and
2. a copy of the response letter to the Beneficiary of donation.