SOUTH AFRICAN SUGAR ASSOCIATION
Kwa-Shukela, 170 Flanders Drive, Mount Edgecombe
P.O. Box 700, Mount Edgecombe, KwaZulu-Natal, 4300
Telephone: +27 31 508 7000
Website: www.sasa.org.za

EA/107/26
AV/NM
7 July 2026

Dear Non-Profit organisation (NPO),

Please find below a Sugar Donations application form for your completion.

The completion of this form is compulsory should you desire to receive a sugar donation from SASA. Your Personal Information collected, in this application, shall be treated as confidential and only processed in a reasonable and lawful manner, in accordance with the Protection of Personal Information Act No. 4 of 2013 (POPIA). Should SASA intend to use your Personal Information for any other purpose other than for which it was collected, SASA shall seek your consent.

You have the right to object to SASA processing your Personal Information, at any time and the right to update your Personal Information collected by SASA. Please ensure that you keep SASA updated of any changes to your Personal Information.

The completed application form with all supporting documents shall be sent to Nomfundo.Mnguni@sasa.org.za. It is important to note that completion and submission of this form does not guarantee you will receive such a sugar donation.

Yours faithfully

NOMFUNDO MNGUNI
Programme Administrator

SOUTH AFRICAN SUGAR ASSOCIATION (SASA)
SUGAR DONATIONS PROGRAMME/ IFOMU LESICELO LIKASHUKELA WOMXHASO

SECTION 1: DETAILS ABOUT THE ORGANISATION

1.1 Full name of the organisation submitting the proposal:
Igama eliphelele lenhlangano efaka isicelo

_____

NPO Number: _____
(**PLEASE ATTACH NPO CERTIFICATE TO APPLICATION FORM**)

PBO Number: _____

1.2 Requested amount of sugar
Inani likashukela elicelwayo

Sugar requested from SASA **Inani likashukela elicelwa kwaSASA**
X Kg per month

(**FOR OFFICE USE ONLY**)

Sugar approved by SASA **Inani elivunywe uSASA**
X Kg
R per month

1.2.1 What is the sugar going to be used for?
Ushukela ocelwa inhlangano yakho uzobheka siphi isidingo?

_____

_____

_____

1.3 Name of the contact person: _____
Igama lomuntu ongumxhumanisi.

1.4 Physical address of the project: _____
Ikheli Lenhlangano
_____Code:_____

1.5 Contact details: Tel: _____Fax: _____
Izinombolo zocingo

1.6 E-mail address of the contact person: _____
Ikheli le email lomuntu ongumxhumanisi

1.7 Name of the local municipality _____
Igama lika-masipala omncane eningaphansi kwawo

1.8 Name of the district municipality _____
Igama lika masipala omkhulu eningaphansi kwawo

1.9 Period of implementation _____
Isikhathi esibekiwe sokuqhuba inhlangano

SECTION 2: INDEPENDENT PARTNER OF THE ORGANISATION **/**
INHLANGANO EZIMELE ENIBAMBISENE NAYO

2.1 Name of the main partner/department: _____
Igama lenhlangano noma umnyango:

2.2 Contact details: Tel: _____Fax: _____
Imininingwane yokuxhumana

2.3 Nature of partnership (tick where appropriate):
Okunihlanganisile nalenhlangano (yenza uphawu lapho kufanele)

Funder **Uxhasa ngemali**		Donates resources **Isipha izinsiza kusebenza**		Other **Okunye**	

SECTION 3: LETTER FROM AN INDEPENDENT STAKEHOLDER/S

3.1 Letter from an independent stakeholder preferably, the Department of Social Development or Department of Health (district and/or provincial office) confirming existence of the organisation and number of beneficiaries targeted by the organisation. (**ATTACH THIS LETTER TO APPLICATION FORM**)

Sicela incwadi evela ehhovisi loMnyango wezeNhlalakahle noma wezeMpilo noma kuMasipala eqinisekisa ukwazi ngenhlangano nekwenzayo. (I "form" yakho kumele ihambisane nale ncwadi)

SECTION 4: BACKGROUND AND PROBLEM ANALYSIS

4.1 Describe the project and the problem that the project seeks to address.
Sichazele ngenhlangano kanye nangezinkinga inhlangano ezama ukuzixazulula.

4.2 State the main goal of the project.
Chaza inhlosongqangi yalenhlangano.

GOAL **Inhloso**	

4.3 State the main outcomes of the project.
Chaza umphumela olindelekile kulenhlangano.

What is the intended outcome/impact of the project? List only three outcomes
Iluphi ushintsho/imiphumela inhlangano yakho efisa ukuyibona. Sicela imiphumela emithathu.

OUTCOME 1 **Umphumela wokuqala**	
OUTCOME 2 **Umphumela wesibili**	
OUTCOME 3 **Umphumela wesithathu**	

SECTION 5: TARGET GROUP/
ABAZOHLOMULA

5.1 Please indicate the main target group for the project.
Uhlobo lwabantu abanjani abasizwa yilenhlangano (ngabe izingane, abantu abadala, abakhubazekile, umphakathi wonke)

5.2 Please also attach the list of beneficiaries with I.D. numbers/birth certificates numbers (**ATTACH TO APPLICATION FORM**)
Sicela usiphe uhla labantu abahlomulayo kulenhlangano nezinimbolo zomazisi noma izinombolo zokuzalwa.

5.3 Describe how this target group will benefit from the project.
Chaza ukuthi lenhlangano ibasiza kanjani abantu esebenza ngabo.

5.4 Describe the area/village/township where the project will be implemented.
Lenhlangano isiza muphi umphakathi noma yiphi indawo

SECTION 6: DECLARATION

6.1 Conflict of Interest Declaration
Does any of the officer, director or employee of the applicant organisation have a relative or business relationship with a SASA employee, SASA Councilor or SASA Committee member?

ukuqinisekiswa kwentshisekelo
Ingabe umqondisi, noma umsebenzi wenhlangano efaka isicelo unobudlelwano bomndeni noma bobubhizinisi nomsebezsi waka SASA, nelungu lomkhandlu wakwa SASA noma nelungu lekomidi lakwa SASA?

NO	**YES** (If yes, please provide details below)

Signature on behalf of and duly authorized.
Ukusayina kwalo ogunyaziwe ukumela inhlangano

_____
Date: / **/2026**
Usuku:

NOTICE**/ISAZISO:**

Support is not guaranteed, it is dependent on the availability of funds for this programme.
Usizo lukashukela alu qinisekisiwe, luncike ebukhoneni bemali ebekelwe loluhlelo.