SECTION 18A DONOR INFORMATION FORM

Please complete this form to enable the organisation to issue a valid Section 18A receipt in accordance with SARS requirements. Ensure that all details provided are accurate and match SARS records to avoid delays or rejection of tax deduction claims.

Please send completed forms to: lmacslowveld@gmail.com

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1. INDIVIDUAL DONOR DETAILS

Full Name (as per ID)	
SA ID / Passport Number	
Income Tax Number	
Physical Address	
Postal Address (if different)	
Email Address	
Contact Number	

2. COMPANY / TRUST DONOR DETAILS

Registered Entity Name	
Registration Number	
Income Tax Number	
VAT Number (if applicable)	
Registered Address	
Contact Person	

Email Address	
Contact Number	

3. DONATION DETAILS

Amount Donated (ZAR)	
Date of Donation	
Payment Method (EFT / Cash / Other)	
Reference / Proof of Payment	
Donation Type (Cash / In-kind)	
Description (if in-kind)	

4. DONOR DECLARATION

I confirm that the above information is accurate and that the donation is made voluntarily without receiving any goods or services in return that would invalidate a Section 18A tax deduction.

Donor Name	
Signature	
Date