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.

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:	