



1. Authorized Donor Representative Information

IMPORTANT: The form must be emailed back to donor@elections.org.za

Donor Type: International Local Valid work permit (*applies to non-local individuals who are in possession of a valid work permit*)

Work Permit Number:

ID Number:

I, _____ as the Authorized Representative/on my own personal capacity
of the Organization, _____ and Registration Number _____ hereby
confirm that the applicant below has been appointed as the Online Donor Administrator (ODA).

Mobile Number: (_____) _____ E-Mail Address: _____

2. Access Rights

Online Donor Administrator (PFS)

Access rights to Administer and allocate rights to other users to use the Party Funding System for Donors.

3. Online Donor Administrator Information

Work Permit Number:

ID Number:

Name: _____

Surname: _____

Contact Number: (_____) _____

Fax Number: (_____) _____

Mobile Number: (_____) _____

Contact Number: _____

Physical Address: _____

Postal/Zip Code _____

Date: _____

Signature _____