

ANNEXURE D

DOCS4

COMMUNITY ORGANISATION APPLICATION FORM

TO BE LISTED ON DATABASE

*(Section 7(1)(a) of the Western Cape Community Safety Act, 2013, and
regulation 8(1))*

DEPARTMENT OF COMMUNITY SAFETY

Address of Department

(To be completed by an official)

Reference number

(To be completed by an official)

Complete this form by using BLOCK letters and by ticking the appropriate boxes.

1. PARTICULARS OF APPLICANT

1.1 Name of applicant: _____

1.2 Street address: _____
_____ Postal code: _____

1.3 Suburb: _____

1.4 Postal address *(if different from street address)*: _____
_____ Postal code: _____

1.5 Tel.: _____

1.6 Fax: _____

1.7 Cell.: _____

1.8 E-mail: _____

2. PARTICULARS OF MANAGEMENT OF APPLICANT (*attach more pages, if necessary*)

| Full name of person | Position in organisation | Telephone/Cell number | E-mail address |
|----------------------------|---------------------------------|------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

3. DESCRIPTION OF AREA

3.1 Countries: _____

3.2 Provinces (*if operating only in part of a country*): _____

3.3 Towns (*if operating only in part of the province*): _____

3.4 Suburbs (*if operating only in part of a town*): _____

3.5 Street names forming boundaries of area (*if operating only in a suburb*): _____

3.6 Other description (*if applicable*): _____

4. PARTICULARS OF POLICE STATION FOR AREA

4.1 Name: _____

4.2 Street address: _____
_____ Postal code: _____

4.3 Suburb: _____

4.4 Postal address (*if different from street address*): _____
_____ Postal code: _____

4.5 Tel.: _____

4.6 Fax: _____

4.7 Cell.: _____

4.8 E-mail: _____

5. PARTICULARS OF COMMUNITY POLICE FORUM FOR AREA

5.1 Name: _____

5.2 Street address: _____
_____ Postal code: _____

5.3 Suburb: _____

5.4 Postal address (*if different from street address*): _____
_____ Postal code: _____

5.5 Tel.: _____

5.6 Fax: _____

5.7 Cell.: _____

5.8 E-mail: _____

6. APPLICANT'S INVOLVEMENT IN VARIOUS FIELDS AND OTHER CONSIDERATIONS

6.1 Is the applicant involved in policing?

| | |
|-----|--|
| Yes | |
| No | |

If yes, describe how: _____

6.2 Is the applicant involved in supporting victims of crime?

| | |
|-----|--|
| Yes | |
| No | |

If yes, describe how: _____

6.3 Is the applicant involved in crime prevention?

| | |
|-----|--|
| Yes | |
| No | |

If yes, describe how: _____

6.4 Is the applicant involved in community safety?

| | |
|-----|--|
| Yes | |
| No | |

If yes, describe how: _____

6.5 Does the applicant report unsafe public places or other safety concerns to the relevant authorities?

| | |
|-----|--|
| Yes | |
| No | |

If yes, describe an incident and indicate who it was reported to: _____

6.6 Does the applicant build partnerships with other organisations involved in the fields referred to in paragraphs 6.1 to 6.5?

| | |
|-----|--|
| Yes | |
| No | |

If yes, describe how: _____

7. PARTICULARS OF ACTIVITIES

7.1 Is the applicant cooperating with the community police forum for the area with regard to the activities of the applicant?

| | |
|-----|--|
| Yes | |
| No | |

If yes, describe the activities and cooperation with the community police forum for the area: _____

If no, provide reasons why the applicant does not cooperate with the community police forum: _____

7.2 Ability to provide information on safety concerns and alleged crime incidents:

Does the applicant record information on safety concerns and alleged crime incidents?

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

If yes, describe how the information is recorded and how often the information is updated:

8. OTHER INFORMATION

8.1 Is the applicant registered in terms of any other legislation?

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

If yes, attach particulars and confirmation of registration:

9. ATTACHMENTS AND SUPPORTING INFORMATION (*tick the appropriate box against each item and attach copies certified by commissioner of oaths*)

9.1 Copy of the resolution or other confirmation that the person making the application is authorised to act on behalf of the applicant

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

9.2 Copy of confirmation of registration in terms of other legislation

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

9.3 Declaration by a duly authorised member of the management of the applicant to confirm that the applicant does not promote the activities of any political party

| | |
|-----|--|
| Yes | |
|-----|--|

9.4 Copy of correspondence with the community police forum for the area confirming cooperation with the community police forum

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

9.5 Copy of an extract of the record of information on safety concerns and crime incidents kept by the applicant

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

9.6 Copy of correspondence with the community police forum or other organisation confirming the applicant's involvement in policing, supporting victims of crime, prevention of crime, community safety or reporting unsafe public places or other safety concerns to the relevant authorities

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

9.7 Copy of correspondence with the police service regarding policing, supporting victims of crime, prevention of crime, community safety or reporting unsafe public places or other safety concerns

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

9.8 Copy of minutes of meetings of the applicant confirming the applicant's involvement in policing, supporting victims of crime, prevention of crime, community safety or reporting unsafe public places or other safety concerns to the relevant authorities

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

9.9 Copy of the founding document, memorandum of agreement or any other document of the applicant confirming the involvement of the applicant in the matters referred to in paragraph 9.8

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

9.10 Map of area

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

9.11 Other (*specify*):

| | |
|-----|--|
| Yes | |
| No | |
| NA | |

I, the undersigned (*insert full name*), _____, duly authorised by (*insert reference to minute/resolution*) _____, certify that the information furnished in this application form is true and correct.

I accept that if information supplied in this application is found to be false the application will be rejected.

Signature: _____

Date: _____

Full name of signatory: _____

FOR OFFICIAL USE:

Date application received: _____

Received by: _____

Name of official dealing with the application: _____

Date application approved/declined: _____

Submit your completed application to be registered via email to:

Mr K. Mfanta (Email: Khumbulani.Mfanta@westerncape.gov.za) or

Ms T. Hanekom (Email: Therasha.Hanekom@westerncape.gov.za).

For more information please contact:

Mr K. Mfanta on 021 483 6985 or Ms T. Hanekom on 021 483 5717 or Fax number: 086 650 2485.