

**Please fill in the following in order for us to issue you with a Tax Certificate.**

|  |  |
| --- | --- |
| Company / Person Name: |  |
| Company Registration Number: |  |
| VAT Number: |  |
| If not company, ID Number: |  |
| Physical Address: |  |
| Contact Number: |  |
| E-mail Address: |  |
| Date of payment: |  |
| Amount donated: |  |
| Is this by debit order: | Y/N |
| Were these EFT’s | Y/N |
|  | If EFT, please attach proof of payments to request form |

Once New Beginnings receives this, you will receive your certificate within 3-5 working days.

**Important note**, if you do not have a debit order with us, **please supply a summary of your payments from your bank account. We cannot issue the certificate without it.**

***Regards***

***New Beginnings Management***