

# KZN Department of Sport and Recreation

## Covid-19 Relief Application Form

### Federation Details

#### Federation/NPO Name

#### Federation/NPO Contact Person

#### Federation/NPO Contact Cell Number

### Applicants Details

Please enter all fields

#### Name

First Name

Surname

#### ID Number

#### Tax Reference Number

#### Cell Number

#### Email Address

#### Physical Address

Street Address

Address Line 2

City

Province

Postal Code

Country

**Postal Address**

Address Line 1

Address Line 2

City

Province

Postal Code

Country

**Category**

**Category (Place a X in the relevant box)**

Coaches of Elite/Professional Athletes

Development Coaches

Private/Independent Coaches

EADP

Professional and Semi-Professional Athletes

Technical Officials

Technical Support Staff

Sport and Recreation Support Staff

Sport and Recreation Federations and NPO  
(Entities)

Clubs and Recreational Structures/Entities

Sport and Recreation Practitioners

**Supporting Details**

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**Amount (R) of application**

**Please provide any additional, relevant information to be considered when assessing your application**

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**Banking Details**

Please fill in your banking details below

**Name of Account Holder**

**Bank Name**

**Branch Code**

**Account Number**

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**Confirmation of Supplied Information**

**Confirmation**

I confirm that the information contained in this document is correct and that action may be implemented against applicants who furnish inaccurate or fraudulent information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this completed form and supporting documentation to [covid19relief@kzndsr.gov.za](mailto:covid19relief@kzndsr.gov.za)