

# Gideon Project

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 Reg. No. 204-869-NPO



BENEFICIARY APPLICATION FORM  
(FORM BAPP001)

Database No.

Bank Details  
 First National Bank  
 Acc#: 62 756 724 748

**VERY IMPORTANT:** Step 1-11 to be filled by the Pastor/Leader in charge of the group within a specific location (ward). If the church/group has many branches, then each branch Leader must apply separately according to the ward-locations.

**STEP 1: Please supply us with your designation (Please tick the appropriate box)**

Apostle  Bishop  Prophet  Pastor  Rev  Evan  Other

**STEP 2: Please supply us with your Personal Details (tick where appropriate)**

Title		First Names:		Surname:														
Physical Address					Postal Code													
Identity No.																	Date of Birth	

**STEP 3: Marital Status**

Married  Single

**STEP 4: Gender**

Male  Female

**STEP 5:**

Ward No.

**STEP 6: Personal Contact Details**

Telephone No (H)																				Telephone No (W)																		
Cellphone No.																				Fax No.																		
Email Address																																						

**STEP 7: Please supply us with details of another Contact Person**

First Names	Last Name	Contact Number	Relationship

**STEP 8: Please supply us with details of your Church/Ministry**

Name of Church			
Venue for Services			
Email Address		No. of Years Church in Existence	
Affiliation		Contact No.	

**STEP 9: List Assistance Needed from Gideon Project: (e.g) Mentoring & Coaching, Business Plan, Venture Creation**

1.		2.	
3.		4.	

**STEP 10: Please supply us with details of your Key Annual Events for your Church/Ministry**

Name of Event	Description	Approx. Dates

**STEP 11: Please read and sign declaration below**

I desire to be listed as beneficiary on the Gideon Project database. I give permission for use of these details for pursuance of the goals and objectives of Gideon Project. I understand the full details of this document, and I confirm that I have been provided with the Terms and Conditions of this engagement. I agree to abide by the Guidelines, Rules and the Policies governing Gideon Project. I am aware that should any misrepresentation and misuse of the resources offered to me and my group by the Gideon Project be later discovered, will result in the debarment of my/our beneficiary status. The beneficiary status will last for one year when I will have the option to renew it at the end of every year. To the best of my knowledge and belief, all the particulars given above and on subsequent pages are true and correct.

Beneficiary's Signature

Date

**STEP12: Provide list of all your beneficiaries and attach their CVs where possible. This page may be duplicated**

Gender	M	F	First Names:		Surname:		
Physical Address							
						Postal Code	
Identity No.						Contact Number	
School/Highest Qualification							

Gender	M	F	First Names:		Surname:		
Physical Address							
						Postal Code	
Identity No.						Contact Number	
School/Highest Qualification							

Gender	M	F	First Names:		Surname:		
Physical Address							
						Postal Code	
Identity No.						Contact Number	
School/Highest Qualification							

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Physical Address							
						Postal Code	
Identity No.						Contact Number	
School/Highest Qualification							

Gender	M	F	First Names:		Surname:		
Physical Address							
						Postal Code	
Identity No.						Contact Number	
School/Highest Qualification							

Gender	M	F	First Names:		Surname:		
Physical Address							
						Postal Code	
Identity No.						Contact Number	
School/Highest Qualification							

Gender	M	F	First Names:		Surname:		
Physical Address							
						Postal Code	
Identity No.						Contact Number	
School/Highest Qualification							

Gender	M	F	First Names:		Surname:		
Physical Address							
						Postal Code	
Identity No.						Contact Number	
School/Highest Qualification							