

**ANNEXURE A
DOCS1**

**APPLICATION FORM FOR ACCREDITATION AS
NEIGHBOURHOOD WATCH**

(Section 6(1) of the Western Cape Community Safety Act, 2013, and regulation 3)

DEPARTMENT OF COMMUNITY SAFETY

Address of Department <i>(To be completed by an official)</i>	
Reference number <i>(To be completed by an official)</i>	
<i>Complete this form by using BLOCK letters and by ticking the appropriate boxes.</i>	

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 COORDINATOR

2.1 First name(s): _____

2.2 Surname: _____

2.3 Identification number or passport number: _____

2.4 Street address: _____
_____ Postal code: _____

2.5 Suburb: _____

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

2.7 Tel.: _____

2.8 Fax: _____

2.9 Cell.: _____

2.10 E-mail: _____

3. DESCRIPTION OF AREA

3.1 Suburb: _____

3.2 Street names forming boundaries of area: _____

3.3 Other description (*if applicable*): _____

4. NUMBER OF MEMBERS

5. PARTICULARS OF POLICE STATION 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. PARTICULARS OF COMMUNITY POLICE FORUM FOR AREA

6.1 Name: _____

6.2 Street address: _____
_____ Postal code: _____

6.3 Suburb: _____

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

6.5 Tel.: _____

6.6 Fax: _____

6.7 Cell.: _____

6.8 E-mail: _____

7. COMPLIANCE WITH STANDARDS

7.1 Is the applicant have the purpose of safeguarding its members, their immovable and other property against crime and other safety concerns in the area?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, describe or attach a founding document or other confirmation: _____

7.2 Does the applicant operate not for gain?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, describe or attach a founding document or other confirmation: _____

7.3 Does the applicant promote any political party?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Describe or attach a founding document or other confirmation: _____

7.4 Are members of the applicant identifiable during its operations?

Yes	
No	

If yes, describe how the members can be identified: _____

7.5 Are vehicles of the applicant identifiable during patrols?

Yes	
No	

If yes, describe how it can be identified: _____

7.6 Are the patrol activities of the applicant recorded?

Yes	
No	

If yes, provide the following:

7.6.1 Particulars of the person appointed to record the patrol activities:

First names(s): _____

Surname: _____

E-mail: _____

Tel.: _____

Cell.: _____

7.6.2 Describe the process or system used for the recording of the patrol activities:

7.6.3 Is the record of the patrol activities available for access?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, describe how it can be accessed: _____

7.7 Describe the funding model of the applicant: _____

7.8 Describe the methods used by the applicant to communicate with its members and the community concerned: _____

7.9 Does the applicant cooperate with the community police forum in matters of mutual interest?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, describe how the applicant cooperates: _____

If no, provide reasons the applicant is not cooperating: _____

7.10 Description or example of how applicant cooperates with the police for the area:

7.11 Provide banking details of applicant:

Name of account holder: _____

Bank: _____

Branch number: _____

Account number: _____

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

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
NA	<input type="checkbox"/>

8.2 Copy of confirmation of registration as non-profit organisation or other confirmation that the applicant operates not for gain

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
NA	<input type="checkbox"/>

8.3 Copy of correspondence with community police forum confirming cooperation

Yes	
No	
NA	
Yes	
No	

8.4 Copy of correspondence with police confirming cooperation

8.5 Copy of founding document of the applicant

Yes	
No	

8.6 Copy of extract of record of activities

Yes	
No	

8.7 Example of logos

Yes	
No	
NA	

8.8 Copy of accounting statements for the preceding 12 months or, if the applicant has been in existence for a shorter period, statements for the period that the applicant has been in existence

Yes	
No	

8.9 Map of area

Yes	
No	
NA	

Yes	
No	

8.10 Other (*specify*):

NA	
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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: _____

Neighbourhood Watch Application for Accreditation

8.1: Letter confirming authority/mandate to formalise application for Accreditation

(To be stamped by Commissioner of Oaths)

I, as the Chairperson of the following NHW, named below, do hereby confirm that:

I have been duly authorized / mandated by the NHW, to apply for Accreditation of the following NHW:

Name of NHW:

Name:

ID Number

Position:

Signature:

Witness:

Name:

ID Number:

Position:

Signature:

Neighbourhood Watch Application for Accreditation

8.2: An Affidavit confirming "not-for-profit" status of a NHW

(To be stamped by Commissioner of Oaths)

I, name:

ID Number:

As a duly authorised representative of the following NHW:

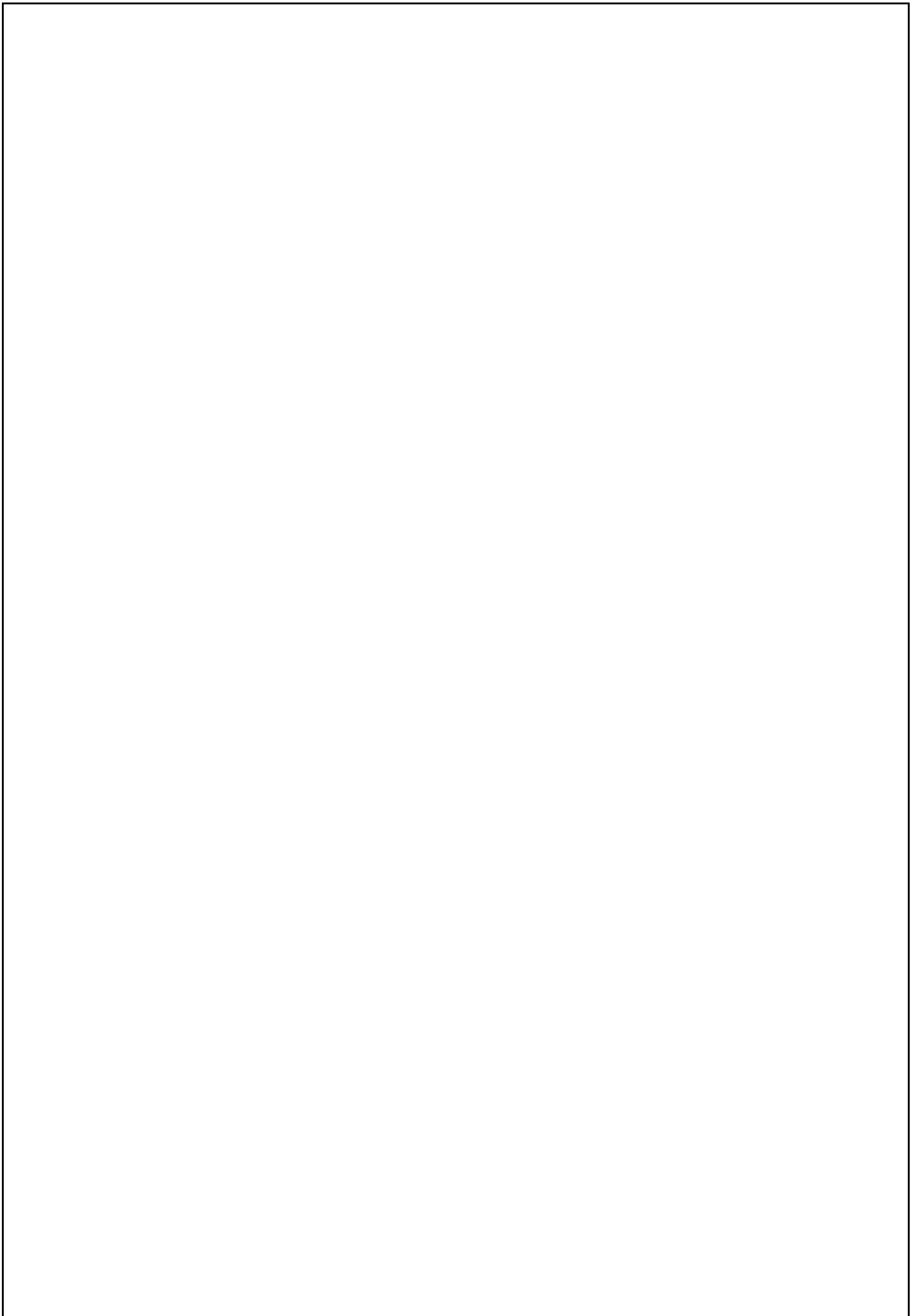
Name of NHW:

Do hereby confirm under oath that this NHW structure operates "not-for-profit", as articulated in all relevant legislation in the Republic of South Africa, since inception.

Signed before a Commissioner of Oaths:

Signature:

Date:



Neighbourhood Watch Application for Accreditation

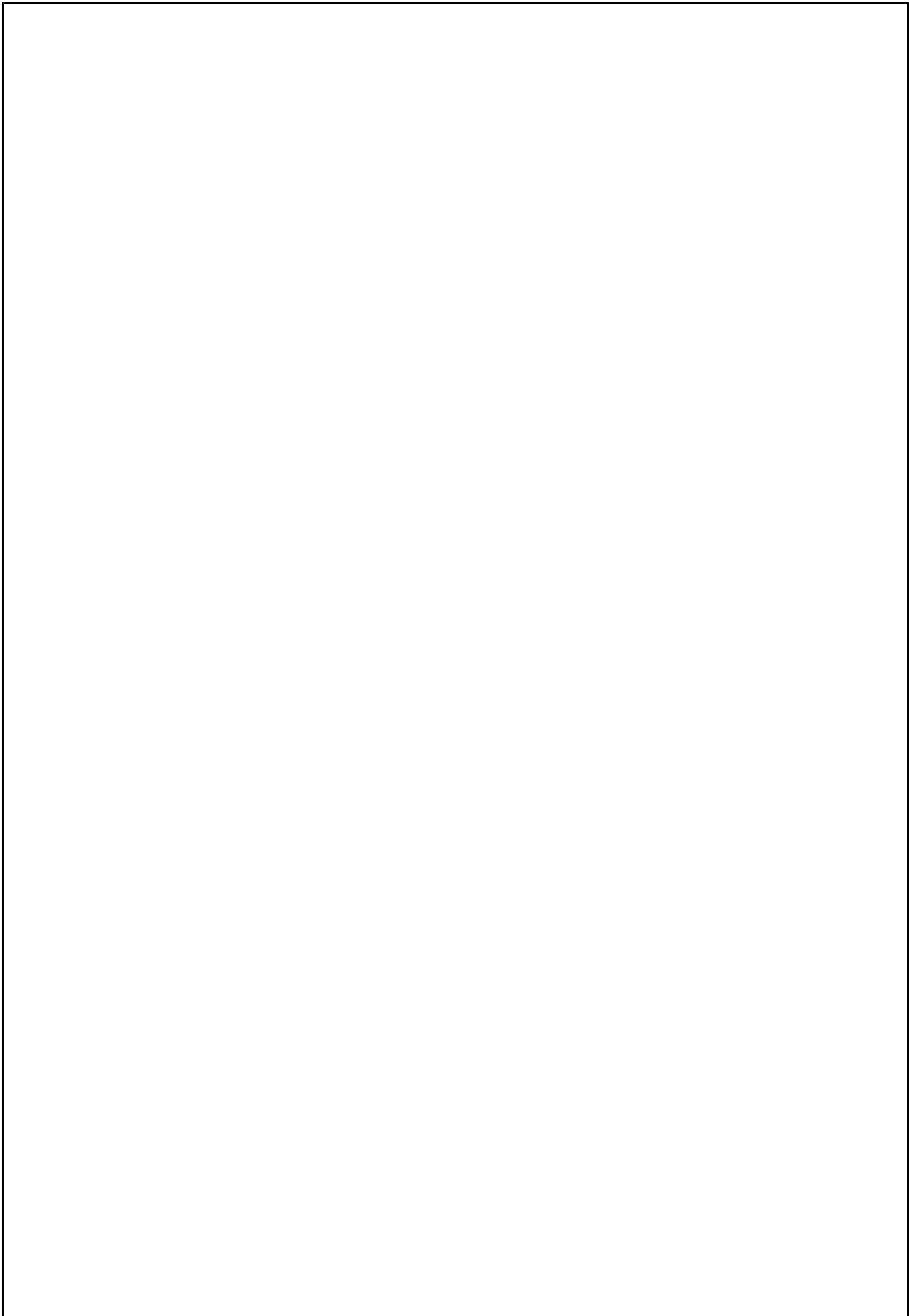
8.5 Constitution or Founding Document for a NHW

Please find the Constitution, or Founding Document, for the following NHW,
As attached:

Name of NHW:

This NHW commits to abide by this Constitution or Founding Document (as applicable).

Signed by NHW Applicant:



MEMBER PLEDGE:CONSTITUTION & CODE OF CONDUCT

I pledge as a member of the..... Neighbourhood watch that I have read and acknowledge the NHW Constitution as well as the NHW Code of Conduct and will abide by the NHW Code of Conduct.

NO	NAME AND SURNAME	ID NUMBER	SIGNATURE	DATE
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Accredited Neighbourhood Watch Application

Operations by a NHW

The attached serves a proof that the following NHW:

Name of NHW:

Uses the following operational tools:

8.6: Patrol Register, by means of:

7.8: Communications method/s, by means of:

7.6.3: Incident reporting tool/s, by means of:

Attached are examples of the above:

Accredited Neighbourhood Watch Application

8.9: Map of NHW area

The NHW's "operating area" is marked on the map, attached.

The area is defined by the following boundaries/borders:

Description of boundaries/borders here:

.....
.....
.....
.....

The area covers the following Municipal Ward/s:

The area covers the following SAPS Sectors:

INDEMNITY FORM

NEIGHBOURHOOD WATCH

This indemnity form must be signed by Neighbourhood Watch members who will be patrolling in (the area). Please complete and sign this form and submit to the Neighbourhood Watch Secretary.

I _____, (Name of Neighbourhood Watch member) identity no.:

Hereby:

1. Acknowledge that I have received all relevant information regarding the do's and don'ts of patrolling.
2. I hereby consent to participate as a Neighbourhood Watch member.
3. I also consent that I will be patrolling out of my own accord and do not hold anyone accountable should I be injured on duty.

I hereby acknowledge that the (Name of Neighbourhood Watch Structure) cannot be held responsible or liable for any claims, injuries, and damage to property, or theft against myself or my property, that might occur during the patrols.

SIGNED AT _____ ON THIS _____ DAY OF _____ 2016.

Neighbourhood Watch Member

Witness