



science & innovation

Department:
Science and Innovation
REPUBLIC OF SOUTH AFRICA



SPONSORSHIP APPLICATION FORM (Annexure A)

Name of applicant					
In your capacity as					
Company/entity/Department					
Date of event					
Name of event					
Please provide a short description of the event, its purpose, expected outcomes, and how SADiLaR will benefit from the event in terms of brand awareness.					
Brand use (describe how SADiLaR brand will be used/ featured)					
Provide details of what the sponsorship is intended for or will cover.					
Internal approval sign-off by Director: Operations (SADiLaR)			Signature:		Date:
Terms of payment if approved			Banking Details/Cost string		Sponsorship amount
Project closure report by applicant to be submitted on:			Date:		
Final approval	Yes	NO	Executive Director in line with SADiLaR approval levels		Signature:
			Date:		

completed form to be emailed to info@sadilar.org