

Assembly Name Change Application Form

THE APOSTOLIC FAITH
MISSION OF SOUTH AFRICA



NATIONAL OFFICE

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Application for Assembly Name Change:

Current Name of Assembly :

Proposed Name of Assembly :

Township, Suburb or Town where the assembly is situated :

Does the Assembly have a church building? YES NO

Region / Non-Geographic Region :

If the Assembly own a property, will they be willing to change the name at the Deeds Office at their own cost? YES NO

THE NOTION BEHIND THE PROPOSED NEW NAME

Explain in short why the assembly has chosen the proposed name and what they hope to achieve through it, especially what they believe the proposed name will convey to the community in which this assembly operates.

TO BE COMPLETED BY THE REGION/ NETWORK

In light of the above, does the Regional Committee support the proposed name change? YES NO

Date of approval by the Regional Committee:

Assembly Secretary/Administrator Name & Signature:

Date:

Regional Secretary/Administrator Name & Signature :

Date:

Date received at the office of the General Secretary:

Date of NOB/ NLF approval: