

AS002 - ASSET ACQUISITION (VIA DONATION) FORM

- Complete ONE form for EACH donation.
- For assets used in more than one location (e.g. laptop for hybrid-work-model employee), please provide the UCT location and room number.
- Complete only unshaded areas and take note of the important information on page 2 of this document.
- Refer to <u>finance policies</u> as applicable: <u>AST001</u> for the Assets and <u>GEN002</u> for the Delegated Authority.
- Send the completed form with all supporting documents to fnd-assets@uct.ac.za.
- Required fields are marked with an asterisk, either red asterisks (*) or, for those fields that are required only if the relevant condition is met, gold asterisks (*).
- For a donation of anything other than an asset above the capitalisation threshold (cash or property in kind below threshold), please complete an CD006. Where an AS002 is completed, a CD006 is not required.

| SECTION 1: To be completed by the acquiring department: | | | | | | | | | | | | |
|---|---|--|---|-----------------------|---|------|-----------------------------------|---------------------|------------|--------------------------|--|--|
| 1.1 DESCRIPTION OF ASSET: | | | | | | | | | | | | |
| SHORT DESCRIPTION* (1 word pre | ferred) | | | | | | | | | | | |
| ASSET DESCRIPTION* | | | | | | | | | | | | |
| SELECT ONE ASSET TYPE * | T-Teachir | · · | | H-Housing | | | M-Maintenance & admin of property | | | | | |
| (predominant asset use) | R-Resear | ch | S-Sp | ports equipment | | | G-General administration | | | | | |
| SERIAL NO. (if known) | | _ | | | Please supply to Assets Office once the item is received Where the department keeps their own records in addition to the | | | | | | | |
| DEPARTMENTAL INVENTORY NO |). | | SAP asset number | | | | | | 11 10 1110 | | | |
| MAIN ASSET NUMBER If the new asset is an accessory for an existing asset | | | | | | | | | | | | |
| 1.2 ACQUISITION DETAILS:* (Attach a copy of donor letter as well as documentation supporting the asset value*) | | | | | | | | | | | | |
| DONOR NAME* | | | ESTIMATED MARKET VALUE (ZAR)* | | | | | | | | | |
| DATE RISKS AND REWARD OF O | FE RISKS AND REWARD OF OWNERSHIP PASSED TO UCT* | | | | | | | | | | | |
| 1.3 USER DETAILS: | | | | | | | | | | | | |
| ROOM / LAB NO.* | | | | | ORG unit code* (3 letter alpha code) | | | | | | | |
| BUILDING WHERE HOUSED* | | | Please provide full name as acronyms can be obscure. Where non-UCT, provide full address. | | | | | | | | | |
| STAFF MEMBER'S NAME | | | | STAFF NO. | | | | | | | | |
| If asset is assigned to a staff member, e.g. laptop 1.4 DONOR DETAILS: | | | | | | | | | | | | |
| | Yes | N | No | | | | | | | | | |
| DOES THE DONOR REQUIRE A S18A CERTIFICATE (YES/NO)* Yes No ONLY COMPLETE THE REST OF SECTION 1.4 IF THE DONOR REQUIRES A S18A CERTIFICATE | | | | | | | | | | | | |
| In the case of a natural person, donor | | | | | of the don | | | | | | | |
| identification type (ID, passport etc. |)* | | | | person, company, trust, etc.)* | | | | | | | |
| In the case of a natural person, | | | | | Donor identification or | | | | | | | |
| identification country of issue (country that issued ID, passport etc.)* | | | | | registration number* | | | | | | | |
| Income tax reference number of the | | | | | Donor trading name if different | | | | | | | |
| donor (if available)* | | | from registered n | | | | | | | | | |
| Donor email address* | | | | Donor contact number* | | | | | | | | |
| 1.5 FORM COMPLETED BY: | | | | | | | | | | | | |
| NAME* | | EMAIL* | • | | | | | DATE* | | | | |
| SECTION 2: Financial char | k /To bo or | ampleted b | v tha F | 201141/ | DACC # | nono | o mo | 2000 | or nomine | \a\r | | |
| SECTION 2: Financial check (To be completed by the Faculty/PASS finance manager or nominee): I have checked that the fund, cost centres and ORG unit code are correct. | | | | | | | | | | | | |
| , | enties and Or | | | | | | | | | | | |
| NAME* | | SIGNATURE | | | | | DATE | DATE* | | | | |
| SECTION 3: Authorisations | | | | | | | | | | | | |
| Note: Do not use Fill & Sign to sign as this will disable all form fields. Sign option: Apply digital | | | | | | | | | | | | |
| To sign: Click in SIGNATURE field to Apply digital signature. | | | | | option. | [E | 7 A | ppiy dig signati | | | | |
| | FUNDHOLD | ER | | | l. | | _ | | | | | |
| | NAME:* | IAME:* | | | SIGNATURE* 🖆 | | | | DATE:* | | | |
| | | | | | | | | | | | | |
| | NOMINEE OF CFO (IN DEVELOPMENT & ALUMNI DEPARTMENT) | | | | | | | | | | | |
| | | I have checked that the <u>GEN002</u> req | | | | | | | | s donation have been met | | |
| ALL DONATIONS | NAME:* | IAME·* | | | | | | | DATE:* | | | |
| | | | | | SIGNATURE* 🕮 | | | | | | | |
| | DEVELOPMENT & ALUMNI DEPARTMENT CRM (CLIENT RELATIONSHIP MANAGER) | | | | | | | | | | | |
| | NAME:* | The state of the s | | | | | | | DATE:* | | | |
| | | | | SIGNATURE* 🖆 | | | | | | | | |

CHECK IF FORM IS COMPLETE AND READY TO BE SUBMITTED:

IMPORTANT INFORMATION – PLEASE NOTE: AS002

Completion of AS002

- This is a fillable PDF form with form fields and must first be downloaded to your computer (i.e. not opened in your web browser) before it can be completed using Adobe Acrobat Reader. Your Acrobat Reader needs to be up to date in order to use this form.
- Do **not** use the *Edit PDF* functionality to add information to this form. Simply type or paste the information into the relevant fields (or Insert Image or Apply digital signature in the case of approval fields).
- Do **not** use *Fill & Sign* to sign as this will disable all form fields, making any remaining, incomplete fields unusable. **Instead apply your digital signature in the** SIGNATURE* if field (see: <u>Digital IDs FAQ</u>).
 - Note: If Fill & Sign is used on a form, the form will be disabled. Simply deleting the Fill & Sign signature will not reactivate the form fields. Therefore, if Fill & Sign is used accidentally, revert back to a version of the document that has never had Fill & Sign used (this may require that the <u>AS002</u> form needs to be completed again, depending on where in the approval process Fill & Sign was used).
- Do not combine multiple AS002 forms, as when fillable PDF forms are merged they lose data integrity.
- Before submitting an AS002, please click the information has been completed on the form and will indicate any outstanding information.

Submission of AS002

- The AS002 needs to be completed and <u>submitted electronically</u>. No handwritten forms, photos of the form etc. will be accepted.
- All correspondence to be sent to the <u>fnd-assets@uct.ac.za</u> email address. Emails should not be sent to individual staff members' personal email accounts.
- Please only send a fully completed AS002, and only once all approvals have been obtained.
- The AS002 and relevant supporting documentation can be submitted as separate attachments (this is preferred).
- If opting to combine the AS002 and supporting documentation into one PDF, ensure that the

 Check form button is still active before submitting to the Assets Office. If not, the form has been disabled and will be rejected.
- Note: The following can be the cause the AS002 form to be disabled once combined with other documents:
 - Combining the AS002 with documents that are password-protected.
 - Combining documents in any way other than using the Tools > Combine Files functionality within Adobe.

Serial numbers

To facilitate the asset count process, please provide the Assets Office with serial numbers in order for this
information to be captured in SAP.

Asset threshold

The current threshold for asset recognition is R28 750 including VAT.