



THE APOSTOLIC FAITH MISSION OF SOUTH AFRICA

THE GENERAL SECRETARY • P.O. Box 9450 • Centurion • 0046

APPLICATION FOR ASSEMBLY NAME CHANGE:

TO BE COMPLETED BY THE ASSEMBLY:	
CURRENT NAME OF THE ASSEMBLY:	
PROPOSED NAME OF THE ASSEMBLY:	
TOWNSHIP, SUBURB, OR TOWN WHERE THE ASSEMBLY IS SITUATED:	
REGION / NON-GEOGRAPHIC REGION:	
<p>THE NOTION BEHIND THE PROPOSED NEW NAME:</p> <p>-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.</p>	

Assembly Secretary/Administrator Name & Signature: Date:

TO BE COMPLETED BY THE REGION/ NETWORK:	
IN THE LIGHT OF THE ABOVE: DOES THE REGIONAL COMMITTEE SUPPORT THE PROPOSED NAME CHANGE?	
DATE OF APPROVAL BY THE REGIONAL COMMITTEE:	

Regional Secretary/Administrator Name & Signature: Date:

DATE RECEIVED AT THE OFFICE OF THE GENERAL SECRETARY:	DATE OF NOB/NLF APPROVAL:
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