



THE APOSTOLIC FAITH MISSION OF SOUTH AFRICA

(PBO no: 930004069)

OFFICE OF THE GENERAL SECRETARY

P.O. Box /Posbus 9450, Centurion 0046; Tel: 27 12 644-0490 Fax: 27 12 644-0732/4

Website: www.afm-ags.org e-mail: henri@afm-ags.org (General Secretary)

ANNUAL SECONDMENT REPORT

In terms of Regulation 7.3(iii) A Seconded pastor will retain his/her status with the AFM of SA which shall be subject to annual review after submission of a report as far as his/her status is concerned. (iv) A seconded pastor will be under the discipline of the AFM of SA in terms of its Church Laws, except those seconded to other church organizations or AFM international. (v) Any change in secondment will be subject to re-application. (vi) It shall be expected that the seconded pastor fellowships in one of the AFM of SA local assemblies and be part of the relevant Regional Leadership Forum/ Network, except those seconded to other church organizations or AFM international.

DATE OF REPORT													
ID. NUMBER:													
FULL NAMES & INITIALS:													
SURNAME:													
GENDER: (MARK WITH X)	MALE:	<input type="checkbox"/>	FEMALE:	<input type="checkbox"/>									
MARITAL STATUS	SINGLE:	<input type="checkbox"/>	MARRIED:	<input type="checkbox"/>	DIVORCED:	<input type="checkbox"/>							
DATE OF ORDINATION:													
POSTAL ADDRESS													
Tel Nr.	Cell Nr:			E-mail:									
DATE OF LAST PASTORAL STATUS RENEWAL													
INSTITUTION OR CHURCH ORGANIZATION TO WHICH YOU HAVE BEEN SECONDED													
YOUR FUNCTION/ DESIGNATION AT THIS INSTITUTION OR CHURCH ORGANIZATION													
DATE OF SECONDMEND													
NAME & PLACE OF ASSEMBLY WHERE YOU FELLOWSHIP E.g: Victory Centre, Bloemfontein													
NAME OF REGION/ NETWORK WITH WHOM YOU ASSOCIATE													



THE APOSTOLIC FAITH MISSION OF SOUTH AFRICA

(PBO no: 930004069)

OFFICE OF THE GENERAL SECRETARY

P.O. Box /Posbus 9450, Centurion 0046; Tel: 27 12 644-0490 Fax: 27 12 644-0732/4

Website: www.afm-ags.org e-mail: henri@afm-ags.org (General Secretary)

ARE YOU PCD COMPLIANT FOR THIS YEAR?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
IF NO, PLEASE EXPLAIN	
DATE OF LAST REPORT	
SUMMARY OF MINISTRY ACTIVITIES DURING THE PERIOD OF REPORT -IF YOU REQUIRE MORE SPACE: MAKE A COPY OF PAGE 2 & ATTACH.	

FOR OFFICIAL USE ONLY:

2019

PROCESSED ON (Date): BY NAME OF INDIVIDUAL
----------------------------	--------------------------------