



Date: 5<sup>th</sup> Feb-2018

THE RELIEF ORGANIZATION FOR SOUTH SUDAN-(ROSS).

PHOW STATE FANGAK QHs

OFFICE OF ROSS DIRECTOR

SUB: Accreditation of NGOs and personnel or companies operating in SPLM/A-IO Phow State controlled areas.

In accordance with article 4.3 of the constitutions of Relief Organization for South Sudan 2014,

1-All local, National and Internationals Non-Governmental Organizations (NGOs)operating in Phow State controlled areas are hereby directed to acquire the accreditation .Upon completion of accreditation process ,a certificate of accreditation (CA) will be issue ,after the said person, NGOs or company has fulfilled the criteria' in the application form. With exception of only ICRC, MSF and all UN agencies, and failure to do so, that person, company or NGOs shall be denied to operate in SPLM/A-IO controlled areas.

2- All local and National staff working with NGOs operating in SPLM/A-OI controlled areas of Phow State are hereby required to pay the personal income taxes compulsory with 10% of their basic salaries and failure to do so, that person shall be denied to work in the SPLM/A-IO controlled areas.

However, you are all requested to come and collected the forms at ROSS office start from this week.

This circular will come in to force with effect of 20<sup>th</sup> February 2018.

Peter Gatkuoth Kong

ROSS –Director Phow State

Sign.....

Cc: Executive Director- ROSS –Pagak QH

Cc: Governor of Phow State

Cc: D/governor Phow Sate

Cc: Secretary for Finance Phow State

Cc; NISS –Director Phow State

Cc: D/ ROSS Director –Phow State





## RELIEF ORGANIZATION FOR SOUTH SUDAN (ROSS)

SAVING LIVES

### APPLICATION FOR ACCREDITATION

Name of Organization : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact No. : \_\_\_\_\_  
Date Organized : \_\_\_\_\_ Date Registered: \_\_\_\_\_  
Registration No : \_\_\_\_\_ Country of Registration \_\_\_\_\_

Registering or Accrediting Agency: ( Check appropriate box. )

- Relief NGO
- Private Company
- Learning/Training Institution/ Consortium
- Department of Health
- Department of Agriculture
- Government Institution
- National Anti-Poverty Commission
- National Commission on Indigenous Peoples
- National Housing Authority
- Insurance Commission
- Foreign Governmental Institution
- Religious Organization
- Others: (Please specify.) \_\_\_\_\_

Organizational Level: ( Check applicable box.)

- Local
- International
- Affiliate of a larger organization (Please identify the larger organization.) \_\_\_\_\_



Others: (Please specify.) \_\_\_\_\_

Purposes/Objectives: (Please attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PROJECTS UNDERTAKEN

Projects	Costs	Beneficiaries	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Project Financing (Sources or Schemes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Services the Organization provides or can participate in

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Officers and Members of its Board of Directors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of Members: (Use separate sheet.)

- Within South Sudan
- Outside South Sudan

WE HEREBY CERTIFY to the correctness of the above information.

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Executive Director