



FUNDING APPLICATION

SMMEs AND CORPORATIVES

BRIEF DESCRIPTION OF THE BUSINESS

NB: The municipality will do a physical verification of the existence of the business

COMPULSORY DOCUMENTS

NB Please note that if the below documents are not submitted, your application will be deemed not responsive.

DOCUMENT	ATTACHED/NOT ATTACHED	PAGE NO
Application/Covering Letter		
Application Form		
Business Profile/Plan		
Copy of CIPC Registration Certificate (CK1/CK2/CM29/CM49)		
Certified Copy of Tax Pin		
Certified Copies of IDs of Director(s)		
Quotations for Intervention		
Proof of Residence – Rates and Taxes: (see advert)		
Cooperative Minutes Resolution to Apply for Funding		
Confirmation of Business Account		

SECTION A: BUSINESS DETAILS								
Name of the Business as indicated on Proof of Banking								
Assistance applied for, please tick:	Manufacturing		Agro processing		Agriculture		Creative industries	
	Tourism and entertainment industry		Township & Rural Economy		Wholesale Sector		Township General Dealer	
	ICT and Innovation							
Type of business	Cooperative		SMME					
Registration no.				Income Tax No.				
Details of the contact person:								
Name and designation:				Cell Phone:				
Telephone:				Fax (if any):				
E-mail (if any):								
Physical Address of business (Location of operation/ Place from which the cooperative conducts business)				Postal Address of business				
Financial year end:								
Proof of Banking of the Business (attach latest statement/confirmation)								
Current Turnover (Sales) (if operating)								
Projected Turnover (Sales) (for the next 12 months)								
Name the main products and/or services provided by your business.								
Description of Service(s)				Target market				
Main Competitors								
Name				Product				

SECTION B: LIST OF MEMBERS/EMPLOYEES

Name and surname	Member / Employee	Gender M/F	Race	Youth Less than 35 Yes/No	Disabled Yes/No

SECTION C: ACTIVITIES APPLIED FOR: What assistance does the business apply for?

Activities (List of machinery/equipment)	Preferred Supplier *	Cost of activity (As per quote)

SECTION D: OTHER SOURCES OF SUPPORT RECEIVED

Organization	Type of Support (if monetary state amount in Rand value)	When received

SECTION E: DECLARATION

I hereby declare that the information in this application is a fair and true reflection of our intended project. I am aware of the fact that the information which we have submitted above will have a material bearing on the adjudication of the application and if it therefore subsequently appears that any information in the application with addendum was not correct, or that certain information was omitted, the Adjudication Board shall be entitled to withdraw or amend its approval and without prejudice to its rights, to recover any amounts already paid or to withhold further payments due.

I/We have declared that I/we are authorized to make this application, and I/we have read and accept the terms and conditions listed in the guidelines.

I/we authorize you to make any enquiries in accordance with your procedures in connection with this application.

Name of Authorized official	
Designation (Job title/role)	
Signature	
Date	

11	Declaration regarding locality (state full particulars of locality of enterprise as well as that of Head Office)		
	Physical address of local enterprise:		
	Telephone number & area code		
	Fax & area code		
	Physical address of Head Office		
	Telephone number & area code		
	Fax & area code		
12	Declaration of Interest: No bid will be accepted from persons in the service of the state. In view of possible allegations of favoritism, should the resulting bid, or part thereof, be awarded to people connected with or related to people in the service of the state, it is required that the bidder or their authorized representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.		
	Full name		
	Identity number		
	Company Registration number		
	Tax reference number		
	Have you been funded by any entity?		
	If so, indicate which entity and when?		
A	Are you presently in the service of the State?	YES	NO
	If so, furnish particulars:		
B	Have you been in the service of the state for the past twelve months?	YES	NO
	If so, furnish particulars:		
C	Do you have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of a bid?	YES	NO
	If so, furnish particulars:		

D	Are you aware of any relationship (family, friend, other) between a bidder and Any persons in the service of the state who may be involved with the evaluation and or adjudication of a bid?	YES	NO
	If so, furnish particulars:		
E	Are any of the company's directors, managers, principal shareholders, or stakeholders in service of the state?	YES	NO
	If so, furnish particulars:		
F	Is any spouse, child, or parent of the company's directors, managers, or principal shareholders in service of the state?	YES	NO
	If so, furnish particulars:		
	MSCM Regulations: "In the service of the state" means to be		
	a) A member of-		
	i. Any Municipal Council.		
	ii. Any Provincial Legislature; or		
	iii. The National Assembly or the National Council or Provinces;		
	b) A member of the board of directors of any municipal entity;		
	c) An official of any municipality or municipal entity		
	d) An employee of any national or provincial department, national or provincial public entity or constitution with the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);		
	e) A member of the accounting authority of any national or provincial public entity;		
	f) An employee of Parliament or provincial legislature.		

13	P.S. ACT NO.5 OF 2000: PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT SECTION 5								
	Historically Disadvantaged Individual (HDI)" means a South African Citizen -								
	I. who, due to the apartheid policy that be in place, had no franchise in national elections prior to the introduction of the Republic of South Africa, 1983 (Act No 110 of 1983) or the Constitution of the Republic of South Africa, 1993 (Act No 2000 of 1993) (" the Interim Constitution); and/or								
	II. who is a female; and/or								
	III. who has a disability;								
	Provided that a person who obtained South African Citizenship on or after the coming to effect of the Interim Constitution, is deemed not to be an HDI.								
Name	ID No.	Citizenship	Gender MALE/FEMALE		% Owned	HDI Status		Disabled	
			M	F		YES	NO	YES	NO
14	Number of years in Business								

Declaration:

COMMISSIONER OF OATH

Signature of Authorized Person

Date:

Signed and sworn before me at (Place)

On this day of..... by the Deponent, who has acknowledged that he/she knows and understands the contents of this Affidavit, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.