

A. GRANT APPLICATION FORM

1. Personal details											
Entrepreneur name:	Title										
	Name(s)										
	Surname										
ID number:					Nationality:						
Gender:	Male	<input type="checkbox"/>	Racial classification:								
	Female	<input type="checkbox"/>	Black	<input type="checkbox"/>	Col	<input type="checkbox"/>	White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other
Residential address:									Code		
									Code		
Postal address:									Code		
									Code		
Telephone				Cell:			Fax:				
Email:											

2. Business details										
Registered business name (if applicable):										
Registration number (if applicable):										
Trading name: (if applicable)										
VAT registration number: (if applicable)										
Telephone				Cell:			Fax:			
Email:										
Tax reference number (if applicable):				Tax clearance certificate (if applicable):		Y	<input type="checkbox"/>	N	<input type="checkbox"/>	
BBBEE ownership status:		CLASSIFICATION		PERCENTAGE						
		White								
		Black								

3. Business details cont.

Operational information

Please indicate the values attributed to the following aspects of your business:

Average monthly turnover (over the past 12 months)

Current number of employees:

Permanent

Temporary

Total SA Residents

Business type:

Pty (Ltd)

Sole Proprietor

Other

Cooperative

Partnership

Sector:

Business address:

Code

Postal address:

Code

Core business activity:

Core business issues: (Please state the current challenges faced by the business)

Affiliation to Industry Body: (Please include membership number where applicable)

Please indicate how you heard about the Programme:

Facebook

Twitter

Radio

Word of mouth

Newspaper

Email communication

Other –
please
specify

B. Acceptance

I (full name) _____ as
the (Designation)

_____ hereby declare that
I have read and fully understood and accepted the above terms and conditions as set out
in Sections A, B and C relating to accessing the SIOC-cdt /NEF COVID 19 Relief Grant Fund.

Signature: _____

Date: _____

Place: _____

C. Checklist

Application documentation checklist		YES	NO	Initial
1.	COMPLETED APPLICATION FORM			
2.	MUNICIPAL PERMIT OR PROOF OF APPLICATION			
3.	TWO PAGE BUSINESS PROFILE: Explain primary target market, business concept and the potential of the assistance you are seeking through this programme. (NOT APPLICABLE TO INFORMAL TRADERS)			
4.	VALID TAX CLEARANCE CERTIFICATE (NOT APPLICABLE TO INFORMAL TRADERS)			
5.	ANNUAL FINANCIAL STATEMENTS/MANAGEMENT ACCOUNTS/BANK STATEMENTS (NOT APPLICABLE TO INFORMAL TRADERS)			
6.	COMPANY REGISTRATION DOCUMENTS (NOT APPLICABLE TO INFORMAL TRADERS)			
7.	COPY OF OWNER(S) ID DOCUMENT(S)			
8.	REGION	NC	LP	