**APPLICATION FORM**

**Note:** You are required to complete this form. Incomplete forms will **not** be accepted and it is the applicants’ responsibility to ensure that all application requirements have been fully met before submission. You have the choice of producing a business plan using the form as a guide.

**PART A:**

**A1. Applicant’s Details** (Where the Applicant is a cooperative/ partnership/ company these should be for the authorized representative)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title (tick the correct one) | Mr. | | | | Mrs. | Miss | | | | | | Other (state title) | | | |
| Surname |  | | | | | | | | | | | | | | |
| Other Names |  | | | | | | | | | | | | | | |
| ID Number |  | | | | | Date of Birth | | | | | | Date/ Month/ | | Year/ | |
| Gender | Male | | Female | | Marital Status | Married  Divorced | | |  | Single Windowed | | | |  | |
| Postal Address | |  | | | | | | | | | | | | |
| Physical Address | | House No | | |  | | | | | | | | | |
| Suburb | | |  | | | | | | | | | |
| City | | |  | | | | | | | | | |
| Code | | |  | | | | | | | | | |
| District Municipality | | |  | | | | | | | | | |
| Local Municipality | | |  | | | | | | | | | |
| Length of stay at the  physical address | | months/ years | | | | | | Cell Phone | | | Telephone | | Fax | |
| E-mail Address | |  | | | | | | | | | | | | |
| Name and Address of  Employer(where applicable ) | |  | | | | | | | | | | | | |
| Your Position at your  work | |  | | | | | Salary per month  (attach latest  copy of the  salary advice slip) | | | | P | | | |
| Parent/  Guardian/Spouse | | Name | | | | |  | | | | | | | |
| Relationship | | | | |  | | | | | | | |
| Address | | Postal | | |  | | | | | | | |
| Physical | | |  | | | | | | | |
| Contacts | | Tel. # | | |  | | | | | | | |
| Cellphone # | | |  | | | | | | | |
| Email | | |  | | | | | | | |

**A2. Applicant’s Funding History**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever benefited from any financial assistance scheme administered by Government /Private Sector?  Yes No | | | |
| If yes, provide details | Programme/Scheme | Year |  |
| Amount |  |
| Sponsor |  |
| Business | Type |  |
| Status |  |

**A3. Business Membership/Shareholding**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (in full)** | **Date of**  **Birth** | **ID No.** | **Position** | **Share in the**  **business (%)** | **Gender** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**A4. Functional Responsibilities of Business Partners**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Functional Area** | **Required competencies** | |
| **Managerial** | **Technical** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**A5. Application**

|  |  |  |  |
| --- | --- | --- | --- |
| Sector |  | Year |  |
| Amount |  |
| List of Equipment |  |
| Business | Type (Formal/Informal |  |
| Status (Existing, Start-up) |  |

**DECLARATION BY THE APPLICANT**

I hereby solemnly declare that the information provided is true and correct .You hereby further declare and confirm that you, as the person/ entity/body/individual/company who is providing information and hereinafter collectively referred to as the “client/respondent”, do hereby irrecoverably agree and understand that any/all information supplied or given to us, is done so in terms of the above grant application and consent declaration in accordance with the POPI ACT for the Enterprise Ecosystem to share my information with their stakeholders for purposes of support to my enterprise.

I am aware that this information may be used as evidence in legal proceedings in favor or against me.

Applicant’

Signature…………………………………….………… Date:………………….....

Name of Receiving Officer: ……….………………….………………………………………………………………….………