



SEKHUKHUNE
District Municipality

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**SEKHUKHUNE DISTRICT MUNICIPALITY ENTERPRISE AND SUPPLIER DEVELOPMENT PROGRAMME (ESD)
APPLICATION FORM**

INSTRUCTIONS

1. All questions must be answered.
2. This programme is meant for SMME's and Cooperatives only and therefore only SMME's and Cooperatives are eligible to apply.

SUPPORTING DOCUMENTATION REQUIRED

The following documentation must be attached to this application form.

1. Proof of registration of the Co-operative or SMME.
2. Company registration number
3. Valid B-BBEE certificate/Affidavit
4. Original valid tax clearance certificate
5. Proof of CSD registration
6. Certified copies of members' IDs

- 7. Comprehensive business profile
- 8. Proof of Land or Property ownership (PTO or Title Deed), if applicable
- 9. Proof of 2017/18 annual turnover
- 10. Bank Account Details (proof of bank details stamped by the bank)

SECTION A: CO-OPERATIVE/SMME DETAILS			
Name of the SMME/Cooperative			
Level of applicant, please tick:		New (Start Up)	Exisisting
Registration no.			Income Tax No.
Details of the contact person:			
Name and designation:		Cell Phone:	
Telephone:		Fax (if any):	
E-mail Address No.1.		E-mail Address No.2.	
Physical Address of co-operative (Location of operation/ Place from which the SMME/Cooperative/ conducts business)		Postal Address of SMME/Cooperative	

Name the main products and/or services provided or produced by your SMME/Cooperative?	
Description of Products or Service(s)	Main Customers

Main Competitors	
Name	Product

SECTION C: ACTIVITIES APPLIED FOR: What assistance does the cooperative/SMME apply for?

Activities (Training/mentorship/machinery/equipment/inputs)	Estimated cost of activity

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 company/cooperative. I am aware of the fact that the information which I/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 Committee shall be entitled to withdraw or amend its approval.

I/We have declared that I/we are authorized to make this application

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

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

