

MORETELE LOCAL MUNICIPALITY

MUNICIPAL OFFICES
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Mathibestad
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Private Bag X367
Makapanstad
0404

LOCAL ECONOMIC DEVELOPMENT AND PLANNING

APPLICATION FORM FOR FUNDING

NAME OF THE PROJECT	
LOCATION/WARD	
AMOUNT REQUESTED	

APPLICATION FORM TO BE COMPLETED BY THE APPLICANT OR BENEFICIARY

CHECKLIST	Attached Yes/No
Application Letter	
Proof of company or cooperative registration	
Business Profile	
Certified id copies of directors	
Project Execution Plan	
Cash Flow Projections	
Copy of Lease or Proof of Ownership	
Relevant Industry Certificate (if applicable)	
Statement of Other funders (if applicable)	
Proof of residence	

Any other documentation that is relevant	
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1. PARTICULARS OF THE APPLICANT (BENEFICIARY)										
Company or Cooperative name										
Registration Number										
Title				Surname						
First names in full										
Date of Birth										
Gender										
Position in the Business										
Identity number									Telephone Number	
Physical address										
					Code					

2. NAME, BACKGROUD, PURPOSE AND OBJECTIVES OF PROPOSED PROJECT									
PROJECT NAME									
PROJECT BACKGROUND									

PROJECT PURPOSE		
PROJECT OBJECTIVES		

BENEFICIARIES		
JOBS OPPORTUNITIES CREATED		
PEOPLE BENEFITTING FROM THE PROJECT	WOMEN	
	YOUTH	
	DISABLED	
	MEN	

3.FINANCE

[illegible]

4.LOCATION		
Municipality		
Village		
Ward		
5.DECLARATION		
I (full name and position in block capital letter)		
DECLARE THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE/ MISLEADING INFORMATION SUPPLIED COULD LEAD TO OUR APPLICATION BEING DISQUALIFIED.		
Signature	Place	Date

6.FOR OFFICIAL USE		
Application form checked by:		
Position		
Recommended to Director		
Date:		