



**MORETELE LOCAL MUNICIPALITY**

**Special Projects Women, Youth and Disability Projects  
Support**

**Application Form**

**Section A**

**1. CONTACT PERSON'S DETAILS**

First Name (s)	
Surname	
ID Number	
Gender	
Disability (Yes or No)	
Cell Number	
Email Address	
Physical Address	

**2. COMPANY INFORMATION (CK, PTY, CBO, NPO, NGO, COOP)**

Business Name	
Company Registration Number (CIPC)	
Type of Business (e.g. Salon, Chisanyama, Car wash, Restaurant, Automotive, Butcher, Farming, Bakery, etc)	
Business Address	
Postal Code	
Ward No	
Village / Township	
Local Municipality	
Ward Cllr Name	

Ward Cllr Contact Number	
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### 3. FUNDING REQUIREMENTS

Equipments, machinery, tools, etc	R
Furniture, fixtures, fittings, etc	R
Stock	R
Working capital	R
Other (please specify)	R

### 4. DECLARATION AND CONSENT

I/We, the undersigned declare that the information provided in this application form is to the best of my /our knowledge true and complete.

I/We also understand that any wilful misrepresentation of the information in this **application** form will **disqualify** my/our application and may lead to legal action against me/us including the laying of criminal charges against me/us as sureties as well as against the entity I/we represent for furnishing false statement or information to Moretele Local Municipality Special Projects Unit.

I/we hereby grant Mlm Special Projects Unit consent to perform an entity/personal search and check on my/our records with any other 3<sup>rd</sup> parties (e.g. credit bureau and/or other government agency) relating to this application.

I/we further authorise Mlm Special Projects Unit to disclose my/our personal information to these parties to obtain the information they require and acknowledge that Mlm Special Projects Unit will never disclose more information than they are required to. Mlm Special Projects Unit **warrants** that it will treat your personal information as confidential and take all necessary steps to protect your information as required by the Protection of Personal Information ACT OF 2013. We will only disclose your information if:

- The law requires us to do so.
- It is in the public interest to do so.
- Our Interests require disclosure; or
- You have given us your consent.

**It is further recorded that by signing this form you are agreeing with all above.**

### 5. SIGNATORIES

Surname	
Full Names	
ID Number	
Designation	
Place	
Date	

Signature	
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**SECTION B**

**6. Shareholder/Member/Owner Information**

Names		Surname	
Identity Number		Any Disability	Y N
Marital Status		Gender	
Percentage Shareholding		Cell No	
Physical Address		Email	
		Ward No	
		Postal Code	
Signature			

Names		Surname	
Identity Number		Any Disability	
Marital Status		Gender	
Percentage Shareholding		Cell No	
Physical Address		Email	
		Ward No	
		Postal Code	
Signature			

Names		Surname	
Identity Number		Any Disability	
Marital Status		Gender	
Percentage Shareholding		Cell No	
Physical Address		Email	
		Ward No	
		Postal Code	
Signature			

## ANNEXURE 1 – APPLICATION CHECKLIST

Please attach the following supporting documents – where applicable

- a. Certified Copy of ID and that of Spouse (if Married in COP not older than 3 Months)
- b. Short CV of the members / shareholders / directors / owners
- c. Proof of Residence / affidavit of members/directors
- d. Company Registration Document e.g. CK2 / CK14.3
- e. Valid Tax Clearance Certificate
- f. Company Bank Confirmation letter
- g. Supporting quotations (With contact details of supplier)
- h. Members / Shareholders resolution to apply (if applicable)
- i. Lease agreement / letter to intent to lease (if applicable)
- j. Franchise Agreement (If applicable)
- k. Cashflow projection with clear assumptions – 12 Months or more
- l. Funding Proposal and cashflow projection
- m. Business Profile

## ANNEXURE 2 – PROGRAMME OUTLINE

**Special projects support all Youth, Women and Disability owned small enterprises/projects operating within borders of Moretele Local Municipality that meet the qualifying criteria including but not limited the following sectors:**

- a. Clothing & Textile
- b. Bakeries & Confectionaries
- c. Chisanyama and Cooked Food
- d. Retails (Including restaurants, car washes, salons, spaza shops, general dealers etc.)
- e. Personal care
- f. Automotive
- g. Artisans
- h. Agriculture

### **What do we cover:**

- a. Cost of production inputs. **Examples:** Material, equipment, machinery, tools etc.
- b. Working Capital including Rent
- c. Assistance with compliance and technical skills improvement
- d. Facilitated market access
- e. Capacity building
- f. Personal development

### **Who Can Apply**

1. An entity registered with CIPC including Cooperatives.
2. 50+ percent shareholding must be women, youth or disabled people.
3. Company that has 70% women, youth and disabled employees.
4. The enterprise must be operating within borders of Moretele.
5. The enterprise or its owner must possess or willing apply for a business licence after the funding has been provided, with the local municipality.
6. The enterprise must have a valid business bank account or willing to open and operate a business account.

### **How to apply:**

- a. Application form is available on **[www.moretele.gov.za](http://www.moretele.gov.za)**
- b. **Application must be hand delivered to:**  
Moretele Local Municipal Office  
Special Projects Office  
4065B Mogodi Section  
Mathibestad

**More Info:** 012 716 1305