



COVID-19 SMME BUSINESS RELIEF PROGRAMME APPLICATION FORM

All fields marked with a * is compulsory. Applications will be incomplete if these fields are not completed

1. Assistance Required*

✓ Please tick

SECTOR						
Agriculture		Textile/Clothing		Furnisher/Woodwork		ICT Support/ Innovation
Details or list of assistance required:						

2. Business Details

Business trading name*	
Business Physical Address*	
Business Registration number*	
SARS Registration number	
Business Contact details*	
Email*	
CSD Registration No.	

3. Business location *

	✓ Please tick
Ward 1	
Ward 2	
Ward 3	
Ward 4	
Ward 5	
Ward 6	
Ward 7	
Ward 8	

Ward 9	
Ward 10	
Ward 11	
Ward 12	
Ward 13	
Ward 14	
Ward 15	
Ward 16	
Ward 17	
Ward 18	

4. Business Type*

Type of Business*	✓ Please tick	
	Private Business	
	Cooperatives	
	Close Corporation	
	Partnership	
Business Sector*	Agriculture	
	Textile/Clothing	
	Information Technology	
	Furniture/Woodwork	
	Manufacturing industry	
	Tourism	
	Other	

5. Business Contact Person*

Title	
Name	
Surname	
I.D. Number	
Contact Number	
Email Address	

6. Directors/Members Information*

Director 1.

Title	
Name	

Surname	
I.D. Number	
Contact Number	
Email Address	

Director 2.

Title	
Name	
Surname	
I.D. Number	
Contact Number	
Email Address	

Director 3.

Title	
Name	
Surname	
I.D. Number	
Contact Number	
Email Address	

7. Employment Data*

	Male	Female	Youth	People living with Disability	Black	Other
Total No of employees						

8. Annual Business Turnover*

0 – R50 000	
R50 001 – R100 000	
R100 001 – R200 000	

9. How was your Business affected by the Covid-19 National Lockdown? *

Loss of Sales/Business Income	
Loss of goods/stock due to lockdown	
Forced to retrench staff due to lack of income	
Failure to pay monthly operational expenses	
Members of staff deceased due to COVID-19	

10. Supporting Documentation to be attached (Checklist)

Copy of ID of Directors listed*	
Sector related registration certificate	
Proof of residence*	
SARS Certificate	
A detailed description of your business concept or business plan*	
In case of Cooperatives – copy of constitution signed by all founder members	

TERMS AND CONDITIONS

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 Mandeni Municipality.

Mandeni Municipality reserves the right at its discretion to claim back the business support equipment/stock/infrastructure should it found and believed that it is not being used for the intended business purposes.

Name: _____

Signature: _____

Date: _____