



the dti

Department:
Trade and Industry
REPUBLIC OF SOUTH AFRICA

NATIONAL EXPORTER DEVELOPMENT PROGRAMME

APPLICATION FOR EXPORTER DEVELOPMENT TRAINING: 2015/16

APPLICATION TO BE COMPLETED BY THE EMERGING EXPORTERS SEEKING EXPORTER DEVELOPMENT TRAINING

Company Name													
Entity type	Sole Prop.	Partnership	Pty Ltd	Co-opt	Other: specify								
Registration number				Sector									
Products/ Services													
Exporter number <i>(if applicable)</i>				Number of years Exporting									
Export Market													
Annual turnover in rands													
Physical Address						Postal Address							
Street Address						P.O.Box /Private Bag:							
City/Town						City/Town:							
Province						Province							
Postal Code						Postal Code							
Telephone						Cell							
Fax						Alternative Numbers							
Email													
Website													
Contact Person	Title	Mr	Ms	Name and Surname									
CEO/MD/Owner	Title	Mr	Ms	Name and Surname									
CEO/MD/Owner's ID No. or date of birth													
Export training/ intervention received								Year and Month	YYYY /MM				
Level of Exporter Readiness <i>(tick applicable one below)</i>													
Domestic enterprise <i>(Small Business Management)</i>				<input type="checkbox"/>	Export ready <i>(Planning for Exports)</i>				<input type="checkbox"/>				
Explorer <i>(Export Awareness)</i>				<input type="checkbox"/>	Start-up exporter <i>(Succeeding in Exporting)</i>				<input type="checkbox"/>				
Export aware <i>(Introduction to Exporting)</i>				<input type="checkbox"/>	Global exporter <i>(Global Exporting)</i>				<input type="checkbox"/>				
Entity Ownership <i>(tick applicable one below)</i>													
Black Owned Entity				<input type="checkbox"/>	Woman Owned Entity				<input type="checkbox"/>				
White Owned Entity				<input type="checkbox"/>	Disability				<input type="checkbox"/>				
Document Checklist: <i>Kindly ensure that all the required documentations are attached to the application in the following order. Please tick the applicable</i>													
Valid Tax Clearance Certificate								Yes	No				
Company Registration Certificate								Yes	No				
Exporter Certificate								Yes	No				

Please indicate enquiry/assistance/interventions your company require from the dti:

Applicant's Name:

Applicant's signature:

Date:

FOR MORE INFORMATION OR HAND DELIVERY, KINDLY USE THE BELOW CONTACTS

**PHYSICAL ADDRESS
(Hand/Courier Deliveries)
Export Development & Support: Division
Building A: Ground Floor
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Sunnyside Pretoria
0002**

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