



Formal Business Application Form

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

1. ASSISTANCE REQUIRED*

✓ Please tick ☐

| | | | | | |
|-----------------------------|--------------------------|---------------------------------|--------------------------|--------------------|--------------------------|
| Rent | <input type="checkbox"/> | Municipal Account | <input type="checkbox"/> | Electricity | <input type="checkbox"/> |
| Servicing of business loans | <input type="checkbox"/> | Equipment/finance/rental | <input type="checkbox"/> | Communication cost | <input type="checkbox"/> |
| Security Services | <input type="checkbox"/> | Accounting Fees | <input type="checkbox"/> | Trading Stock | <input type="checkbox"/> |
| Insurance costs | <input type="checkbox"/> | Sector related affiliation fees | <input type="checkbox"/> | Loss of Income | <input type="checkbox"/> |
| TOTAL AMOUNT REQUIRED* | | | | | |

2. BUSINESS DETAILS*

| | |
|----------------------------|--|
| Business trading name* | |
| Business Physical Address* | |
| CIPC registration number* | |
| VAT Registration number | |
| UIF Registration | |
| BEE status | |
| Business Contact details* | |
| Email* | |
| CSD Registration No | |

3. BUSINESS LOCATION*

✓ Please tick ☐

| District Municipality* | Local Municipality* | | | |
|---|--------------------------|----------------------------------|--------------------------|--------------------------------------|
| Ngaka Modiri Molema District Municipality | <input type="checkbox"/> | Mahikeng Local Municipality | <input type="checkbox"/> | Ramotshere Moiloa Local Municipality |
| | <input type="checkbox"/> | Ratlou Local Municipality | <input type="checkbox"/> | Tswaing Local Municipality |
| | <input type="checkbox"/> | Ditsobotla Local Municipality | <input type="checkbox"/> | |
| Dr Kenneth Kaunda District Municipality | <input type="checkbox"/> | JB Marks Local Municipality | <input type="checkbox"/> | Maquassie Hills Local Municipality |
| | <input type="checkbox"/> | Matlosana Local Municipality | <input type="checkbox"/> | |
| Bojanala District Municipality | <input type="checkbox"/> | Rustenburg Local Municipality | <input type="checkbox"/> | Kgetleng River Local Municipality |
| | <input type="checkbox"/> | Madibeng Local Municipality | <input type="checkbox"/> | Moses Kotane Local Municipality |
| | <input type="checkbox"/> | Moretele Local Municipality | <input type="checkbox"/> | |
| Dr Ruth Segomotsi Mompati District Municipality | <input type="checkbox"/> | Naledi Local Municipality | <input type="checkbox"/> | Kagisano/Molopo Local Municipality |
| | <input type="checkbox"/> | Mamusa Local Municipality | <input type="checkbox"/> | Lekwa-Teemane Local Municipality |
| | <input type="checkbox"/> | Greater Taung Local Municipality | <input type="checkbox"/> | |

4. BUSINESS TYPE*

| Type of Business* | ✓ Please tick | <input type="checkbox"/> |
|-------------------|------------------------------|--------------------------|
| | Private Business | <input type="checkbox"/> |
| | Cooperatives | <input type="checkbox"/> |
| | Close Corporation | <input type="checkbox"/> |
| | Partnership | <input type="checkbox"/> |
| | | |
| Business Sector* | Information Technology | <input type="checkbox"/> |
| | Education | <input type="checkbox"/> |
| | Health and personal services | <input type="checkbox"/> |
| | Mining and minerals | <input type="checkbox"/> |

| | | |
|---|------------------------|--|
| | Agriculture | |
| | Manufacturing industry | |
| | Tourism | |
| | Textiles | |
| | Financial Services | |
| | Wholesale and trade | |
| | Other: | |
| | | |
| List type of products/Services offered by your business | | |

5. BUSINESS CONTACT PERSON*

| | |
|----------------|--|
| Title | |
| Name | |
| Surname | |
| ID Number | |
| Contact Number | |
| Email Address | |

6. DIRECTORS/MEMBERS INFORMATION*

Director 1

| | |
|----------------|--|
| Title | |
| Name | |
| Surname | |
| ID Number | |
| Contact Number | |
| Email Address | |

Director 2

| | |
|-----------------------|--|
| Title | |
| Name | |
| Surname | |
| ID Number | |
| Contact Number | |
| Email Address | |

Director 3

| | |
|-----------------------|--|
| Title | |
| Name | |
| Surname | |
| ID Number | |
| Contact Number | |
| Email Address | |

7. EMPLOYMENT DATA*

| | Male | Female | Youth | PwD | Black | Other |
|-----------------------|------|--------|-------|-----|-------|-------|
| Total No of employees | | | | | | |

8. ANNUAL BUSINESS TURNOVER*

| | |
|---------------------|--|
| 0 – R50 000 | |
| R50 001 – R100 000 | |
| R100 001 – R200 000 | |
| R200 001 – R400 000 | |
| R400 000+ | |

9. BANKING DETAILS OF BUSINESS*

| | |
|------------------|--|
| Name of the bank | |
| Account number | |
| Account type | |
| Branch code | |

10. HOW WAS YOUR BUSINESS AFFECTED BY THE COVID-19 NATIONAL LOCKDOWN?*

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

11. SUPPORTING DOCUMENTATION TO BE ATTACHED (checklist)

| | |
|---|--|
| Copy of ID of Directors listed* | |
| CIPC registration documentation* | |
| Sector related registration certificate | |
| 4 months bank statements (Jan – April 2020)* | |
| 4 months cash flow statements (Jan – April 2020) | |
| Quotation/invoice supporting requested relief indicated on top of page * | |
| Proof of Trading in North West e.g. Municipal invoice, lease agreement, Affidavit/letter from Tribal Authority* | |
| BEE Certificate | |
| SARS Certificate | |

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 the NWDC. I/we hereby grant the NWDC **Portfolio** consent to perform an entity/personal search and check on my/our records with any other party (e.g. credit bureau and/or a government agency relating to this application. I/we further authorise the NWDC **Portfolio** to disclose my/our personal information to these parties to obtain the information they require and acknowledge that the **NWDC Portfolio** will never disclose more information than they are required to. **NWDC Portfolio** 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. **NWDC Portfolio** 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.

Name : _____

Signature : _____

Date : _____