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Department:
Economic Development, Environment, Conservation and Tourism
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



NW COVID-19 RELIEF FUND

Call Centre 017 422 0116 - www.nwdc.co.za

Informal 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		Municipal Account		Electricity	
Servicing of business loans		Equipment/finance/rental		Communication cost	
Security Services		Accounting Fees		Trading Stock	
Insurance costs		Sector related affiliation fees		Claim for loss of income	
TOTAL AMOUNT REQUIRED*					

2. BUSINESS DETAILS*

Business trading name*	
Business Physical Address*	
Business Contact details*	
Owner ID Number*	
Email	
Trading licence, permit number or proof of trading*	
VAT Number	

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		JB Marks Local Municipality		Maquassie Hills Local Municipality
		Matlosana Local Municipality		
Bojanala District Municipality		Rustenburg Local Municipality		Kgetleng River Local Municipality
		Madibeng Local Municipality		Moses Kotane Local Municipality
		Moretele Local Municipality		
Dr Ruth Segomotsi Mompoti District Municipality		Naledi Local Municipality		Kagisano/Molopo Local Municipality
		Mamusa Local Municipality		Lekwa-Teemane Local Municipality
		Greater Taung Local Municipality		

4. BUSINESS TYPE*

Type of Business*	<input checked="" type="checkbox"/> Please tick	
	Informal	
	Sole trader	
Business Sector*	Hair Saloon	
	Tuck Shop	
	Car Wash	
	Street Vendor	
	Artisan	
	Motor Mechanics	
	Other:	
List type of products/Services offered by your business		

5. EMPLOYMENT DATA*

	Male	Female	Youth	PwD	Black	Other
Total No of employees						

6. Monthly Business Income

0 – R2 000	
R2 001 – R4 000	
R4 001 – R6 000	
R6 000 +	

7. BANKING DETAILS OF BUSINESS*

Kindly complete banking details if you require money to be paid into your bank account.

Name of the bank	
Account number	
Account type	
Branch code	

Should you not have a business or personal bank account, please tick the option below. The fund will supply you with a grant bank card which can be used to pay suppliers or draw money as needed.

Require a grant fund bank card:

Yes, I need a bank card

✓ Please tick

8. 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	

9. SUPPORTING DOCUMENTATION TO BE ATTACHED (checklist)

Copy of ID of Business Owner*	
Proof of Trading e.g. Trading Licence/Permit or Affidavit or Letter from Tribal Authority or proof of bank account in business name*	
Quotation/invoice supporting requested relief indicated on top of page	

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 : _____