

APPLICATION FORM SBD 01

Informal Traders Support Incentive



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



GENERAL DEALER BENEFICIARY APPLICATION – SBD.01

All fields are compulsory.

Incomplete applications without supporting documents will not be considered.

SUBMIT THE COMPLETED APPLICATION FORM WITH THE REQUIRED SUPPORTING DOCUMENTS AT:

*** Your Local Municipality (hard copy) OR**

*** Email to abramd@nwdc.co.za OR boitumelon@nwdc.co.za**

1. APPLICANT INFORMATION

First name	
Surname	
RSA ID Number	
Contact number	
Alternative Contact number	

2. BUSINESS INFORMATION*

Business Name *	
Business Physical Address*	
Local Municipality	
District Municipality	
Email	
Trading license, permit number or proof of trading*	

3. TYPE OF INFORMAL TRADER

(Please tick)

Hair salon	
Tuck-shop	
Chesanyama	
Carwash	
Nail and Beauty Salon	
Other:	

4. EMPLOYEE DATA

Indicate how many people you currently employ

	Male	Female	Youth	PwD*	Black	Other
Total No of employees						

*PwD = Persons with disabilities

5. MONTHLY BUSINESS INCOME

(Please tick)

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

6. BANKING DETAILS OF BUSINESS

Name of the bank	
Account holder name	
Account number	
Account type	
Branch code	

**7. SUPPORTING DOCUMENTATION TO BE ATTACHED
(checklist and requirements)**

Proof of residence	
South African ID	
Trading License from the local Municipality	
Bank Account	
Must not have a criminal record	
Must be trading for the past three (3) years. Attach a proof of confirmation from any of the following: <ol style="list-style-type: none"> 1. Informal traders' association 2. Tribal Authority 3. Local Municipality 	

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 willful misrepresentation of the information in this application form will disqualify my/our application I/we hereby grant the NWDC 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 authorize the NWDC to disclose my/our personal information to these parties to obtain the information they require and acknowledge that the NWDC will never disclose more information than they are required to. NWDC 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 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: _____

Date: _____

Signature: _____

SUBMIT THE COMPLETED APPLICATION FORM WITH THE REQUIRED SUPPORTING DOCUMENTS AT

** YOUR LOCAL MUNICIPALITY (HARD COPIES) OR*

** SUBMIT VIA EMAIL TO abramd@nwdc.co.za and boitumeon@nwdc.co.za*

Enquiries: Abram Diphoko - 076 215 5011 OR Boitumelo Njovu - 066 187 8275