



# rural development & agrarian reform

Department:  
Rural Development & Agrarian Reform  
PROVINCE OF THE EASTERN CAPE

## APPLICATION FOR SUPPORT - HOME INDUSTRY SERVICES

### PART A: APPLICANT DETAILS

SURNAME AND INITIALS OF APPLICANT/ CHAIRPERSON OF THE GROUP															
ID No. OF APPLICANT/ CHAIRPERSON OF THE GROUP															
RESIDENTIAL ADDRESS	UNIT No.														
	STREET NAME / VILLAGE														
	TOWN/ SERVICE CENTRE											CODE			
POSTAL ADDRESS (if different from residential address)	P O BOX No.														
	TOWN											CODE			
CONTACT DETAILS	TEL No/s./ CELL No/s.														
	FAX No.														
	E-MAIL ADDRESS														

### PART B: PROJECT DETAILS

ENTERPRISE TRADING NAME														
ENTERPRISE REGISTERED NAME (if different from trading name)														
ARE YOU A REGISTERED ENTITY	YES ( mark with an X)							NO ( mark with an X)						
	TYPE OF ENTITY (if yes)													
	REGISTRATION NUMBER (if yes) (Attach a Business Certificate )													
ARE YOU REGISTERED ON THE TREASURY CENTRAL SUPPLIER DATABASE (CSD)	YES ( mark with an X)							NO ( mark with an X)						
	CSD NUMBER (if yes)													
LOGIS NUMBER (if registered on CSD)														
ARE YOU REGISTERED ON THE NATIONAL DEPARTMENT OF SMALL BUSINESS DEVELOPMENT DATABASE	YES ( mark with an X)							NO ( mark with an X)						
	REGISTRATION NUMBER (if yes)													
DISTRICT MUNICIPALITY							LOCAL MUNICIPALITY							
TOWN/ BUSINESS CENTRES							WARD No.							
NUMBER OF BENEFICIARIES ( please attach the list and <b>certified</b> copies of ID's of ALL beneficiaries )														
YOUTH	MALE			DISABLED	MALE		ADULTS	MALE						
	FEMALE				FEMALE				FEMALE					



**PART C: TYPE OF COMMODITY AND SUPPORT REQUIRED**

COMMODITY	MARK WITH AN X		SUPPORT OF REQUIRED	
CLOTHING AND TEXTILE			<hr/> <hr/> <hr/> <hr/>	
HOUSEHOLD AGRO-PROCESSING			<hr/> <hr/> <hr/> <hr/>	
BAKERY			<hr/> <hr/> <hr/> <hr/>	
ARTS & CRAFT			<hr/> <hr/> <hr/> <hr/>	
OTHER (Specify)			<hr/> <hr/> <hr/> <hr/>	
SUPPORT RECEIVED FROM GOVERNMENT/ NGO/ NPO/ PRIVATE SECTOR AND OTHER:	YES ( mark with an X)		SUPPORT RECEIVED FROM (if support was received)	YEAR/S RECEIVED
	NO ( mark with an X)		TYPE OF SUPPORT	

**WE, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION, FACTS AND REPRESENTATIONS GIVEN ABOVE ARE TRUE AND CORRECT.**

SIGNATORIES	SURNAME AND INITIALS	SIGNATURE	DATE
APPLICANT / CHAIRPERSON OF GROUP			
EXTENSION OFFICER			
CONTROL TECHNICIAN			



FOR OFFICE USE:	RECOMMENDATION AND APPROVAL
ENTERPRISE REF No. (Head Office)	
ENTERPRISE NAME	
LOCAL MUNICIPALITY	
DISTRICT	

## RECOMMENDED/ NOT RECOMMENDED

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Chairperson of Local Screening Committee (Control Agricultural Technician)  
Date: \_\_\_\_\_

## RECOMMENDED/ NOT RECOMMENDED

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Chairperson of District Screening Committee (Deputy Director: Coordination)  
Date: \_\_\_\_\_

## APPROVED/ NOT APPROVED

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Chairperson of Provincial Steering Committee  
Date: \_\_\_\_\_

CHECK LIST		
No.	ITEM	MARK WITH AN X OR TICK
1.	LIST OF BENEFICIARIES	
2.	CERTIFIED ID COPIES OF BENEFICIARIES	
3.	PROFILE	
4.	BUSINESS REGISTRATION CERTIFICATE (if registered)	
5.	VERIFICATION REPORT (with dated pictures)	

