



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 certified 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				
ARTS AND CRAFT				
BAKERY				
HOUSEHOLD AGRO-PROCESSING				
OTHER (Specify)				
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

Chairperson of LM Screening Committee (Manager Coordination)

Date: _____

RECOMMENDED/ NOT RECOMMENDED

Chairperson of District Screening Committee (District Director)

Date: _____

APPROVED/ NOT APPROVED

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)	

