



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

ADULT	MALE		YOUTH	MALE		DISABILITY	MALE		MILITARY VETERANS / BENEFICIARY OF MV	MALE	
	FEMALE			FEMALE			FEMALE			FEMALE	

PART C: TYPE OF COMMODITY AND SUPPORT REQUIRED

COMMODITY	MARK WITH AN X		SUPPORT REQUIRED	
CLOTHING AND TEXTILE			<hr/> <hr/> <hr/>	
ARTS AND CRAFT			<hr/> <hr/> <hr/>	
BAKERY			<hr/> <hr/> <hr/>	
HOUSEHOLD AGRO-PROCESSING			<hr/> <hr/> <hr/>	
OTHER (Specify)			<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)	
	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)	



ENQUIRIES CAN BE DIRECTED TO THE FOLLOWING OFFICIALS:

TITLE	CONTACT PERSON	DISTRICT MUNICIPALITY	CONTACT NO	EMAIL
Mr	M. Mbangeni	Alfred Nzo	083 708 8858	Mvuyisi.Mbangeni@drdar.gov.za
Ms	N. Solani	Amathole	083 459 1637	Noncedo.Solani@drdar.gov.za
Ms	Q. Mzola	Chris Hani	083 577 3720	qeqeshwa@gmail.com
Ms	N. Phethoha	Joe Gqabi	082 941 0605	Nthabeleng Phethoha@drdar.gov.za
Ms	P. Ntliziyombi	OR Tambo	079 500 2319	phumlantliziyombi@gmail.com
Ms	F. Gatya	Western District	071 853 8232	Felicia.Gatya@drdar.gov.za

