

uMLALAZI MUNICIPALITY AMAHHOVISI KAMASIPALA: MUNICIPAL OFFICES

MUNISIPALE KANTORE

Hutchinson Street, (cnr of Hutchinson and Osborne), Eshowe, Kwazulu-Natal, 3815 **Tel:** +27 (35) 473 3474 | **Fax:** +27 (35) 474 4733

Website: www.umlalazi.gov.za

UMLALAZI LOCAL MUNICIPALITY SMALL BUSINESS AND CO-OPERATIVE FUNDING SUPPORT

APPLICATION FORM					
SECTION A BUSINESS DETAILS					
NAME OF THE BUSINESS/CO-OPERATIVE					
NAME & SURNAME OF THE APPLICANT					
AGE OF APPLICANT					
GENDER					
ID NO					
CELL NO					
SUB-WARD				WARD:	
TYPE OF BUSINESS					
	CODE: ECTION B IG INFORI		TION TICK		
R501 – R1 000					
R1001- R2 000					
R2001 – R5 000					
R5001 – R10 000					
R10 001 - R 15 000					
SECTION C					
SECTOR IN WHICH THE BUSINESS OPERATES IN					
AGRICULTURE	TICK	-	DESCRIPTION (eg: Fencing)		
TOURISM		\dashv			
GREEN ECONOMY e.g. Recycling		\dashv			
MANUFACTURING		-			
PERSONAL CARE e.g. Salon. Spa etc.		\dashv			

OTHER

SECTION D					
MOTIVATE WHY DO YOU NEED FUNDING AND GIVE A DETAILED EXPLANATION FOR THE UTILISATION OF THE GRANT AMOUNT					
ITEMS	REQUESTED	QTY	AMOUNT		
Total					
MOTI	VATION FOR FUNDING (WHY DO Y	OU NEED FU	INDING?)		
DECLA	ARATION (COMPULSORY TO ALL AF	PLICANTS)			
THE APPLICANT EXPRESSLY AGREES AND WARRANTS TO PROVIDE THE PERSONAL					
INFORMATION FOR THE PURPOSES SET OUT ABOVE					
2) ARE YOU EMPLOYED BY THE STATE? (PLEASE TICK WHERE RELEVANT YES OR NO IF YES PROVIDE DETAILS:					
3)	3) HAVE YOU BENEFITED BEFORE IN ANY GOVERNMENT INSTITUTION OR MUNICIPALITY? YES/NO				
4)	IF YES PROVIDE DETAILS:				

The follo	wing docu	ments shou	ld be att	ached to	application	form:

- Certified applicant's identification documents (ID)
- Proof of residence
- Quotations
- Company registration/ CIPC
- Typed or written business concept document (at any language).

APPLICANT'S SIGNATURE	DATE://
WARD COUNCILLORS STAMP	