ELIAS MOTSOALEDI
LOCAL MUNICIPALITY

# APPLICATION FORM

**ELIAS MOTSOALEDI LOCAL MUNICIPALITY MICRO, SMALL AND MEDIUM ENTERPRISES (MSME) AND COOPERATIVES SUPPORT FUND 2026/2027**

**NB:**

1. All questions must be answered.
2. Only MSME'S and Cooperatives residing in Elias Motsoaledi Local Municipality will be considered.

**SUPPORTING DOCUMENTATION REQUIRED:**

The following documentation must be attached to this application form.

1. Proof of registration of the Co-operative or MSME
2. Company registration certificate
3. Original valid tax clearance certificate
4. Proof of CSD registration
5. Certified copies of members' IDs
6. Comprehensive business profile
7. Proof of Land or Property ownership (PTO, Title Deed, Lease Agreement, etc.), whichever is applicable
8. Attach quotations.
9. Bank Account Details (proof of bank details stamped by the bank)

| **SECTION A: CO-OPERATIVE/MSME DETAILS** | | | | |
|---|---|---|---|---|
| Name of the MSME/Cooperative | | | | |
| Level of applicant, please tick: | New (Start Up) | | Existing | |
| Registration no. | | | Income Tax No. | |

| Details of the contact person: | |
|---|---|
| Name and designation: | Cell Phone: |
| Telephone: | Fax (if any): |
| E-mail Address No.1. | E-mail Address No.2. |
| Physical Address of co-operative (Location of operation/ Place from which the MSME/Cooperative/ conducts business) | Postal Address of MSME/Cooperative |
| | |

| Name the main products and/or services provided or produced by your MSME/Cooperative? | |
|---|---|
| Description of Products or Service(s) | Main Customers |
| | |
| | |

| Main Competitors | |
|---|---|
| Name | Product |
| | |
| | |
| | |

| **SECTION B: LIST OF MEMBERS** | | | | | |
|---|---|---|---|---|---|
| Name and Surname | Member | Gender M/F | Race | Youth Less than 35yrs Yes/No | Disabled Yes/No |
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**SECTION C: SUPPORT APPLIED FOR: What assistance does the MSME/Cooperative apply for? (Kindly attach quotations)**

| Activities (Production Infrastructure, equipment or inputs) | Estimated cost |
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**SECTION D: OTHER SOURCES OF SUPPORT RECEIVED**

| Organization | Type of Support (if monetary state amount in Rand value) | When received |
|---|---|---|
| | | |

**SECTION E: DECLARATION**

I hereby declare that the information in this application is a fair and true reflection of our MSMEs/Cooperative. I am aware of the fact that the information which I/we have submitted above will have a material bearing on the adjudication of the application and if it therefore subsequently appears that any information in the application with addendum was not correct, or that certain information was omitted, the Adjudication Committee shall be entitled to withdraw or amend its approval.

I/We have declared that I/we are authorized to make this application

I/we authorize you to make any enquiries in connection with this application.

| | |
|---|---|
| Name of Authorized official | |
| Designation (Job title/role) | |
| Signature | |
| Date | |