

Elias Motsoaledi Local Municipality



Phone: (013) 262 3056/2643
Fax: (013) 262 5075/2886

P.O. Box 48
Groblersdal
0470

www.eliasmotsoaledi.gov.za

APPLICATION FORM: ELIAS MOTSOALEDI LOCAL MUNICIPALITY SMMEs AND COOPERATIVES SUPPORT FUND 2025/2026

NB:

1. All questions must be answered.
2. Only SMMEs 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 SMME
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/SMME DETAILS					
Name of the SMME/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 SMME/Cooperative/ conducts business)			Postal Address of SMME/Cooperative		
Name the main products and/or services provided or produced by your SMME/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 E: DECLARATION

I hereby declare that the information in this application is a fair and true reflection of our SMMEs/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	