## Winnie Madikizela-Mandela Local Municipality

Physical Address 51 Winnie Madikizela Mandela Street Postal Address P O Box 12 Bizana



Office of the Municipal Manager Tel: 039 251 0230 Fax: 039 251 0917 mahlakal@mbizana.gov.za

## **Application form 2021/22**

## **FARMERS DEVELOPMENT PROGRAMME**

NB: Deadline for receipt of applications is 30th July 2021 at 12H00.

(Company/ Project Name)	
Village	
Ward	
Contact Number	Alternative Contact Number

1. Company Details: No. Name of Company Type of business entity (Coop, CC, (PTY) 1. Ltd etc.) 2. How long has the company been in operation? Type of business entity (Poultry, Piggery, 3. Vegetable Production etc.) 4. Company registration number Tax Clearance number 5. 6. Contact number (01) 7. Contact number (02) Does the company currently have a loan or grant with any other financial institution? 8. If yes to point no. 8. How much is the loan? 9. And what is the agreement in terms of repayment? 10. Estimated funding required by entity? 11. Postal Address of entity? 12. Physical address of entity?

Type of Support	Institution	Year	Contact Person	Contact Numb
B. Overview of the or	ganization.			
Brief overview of the a		Mission, obje	ectives and organizat	ional structure.
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A 12 / 1 //		. ,.	(N.L. O.)	
Applicant can also att	ach overview of the	ne organizati	on (No.3)	

## 4. Balance sheet of enterprise:

Assets	Specify	Estimated value
Assets	Ореспу	LStilllated value
Fixed property (Structure,		
Borehole, Orchard		
etc.)		
Equipment		
Motor vehicle/		
tractor		
Other(specify)		
outer (opeony)		
Total		R
	<u> </u>	
5. State how the reque	ested funds will be used and estimat	e value of each item

	Гуре	of training	Year	Contact Person	Contact Number
					Number
. Company asso	ciates/ pa	irtners			
Associate/ partner		Role and contrib	ution	Contact person	Contact
					Number
_					
				ty of the company/p	
				ty of the company/p	

10. CERTIFICATION		
CORRECT. I ACCEPT TH	DRMATION FURNISHED ( AT THE MUNICIPALITY N	ON THIS DECLARATION FORM IS MAY ACT AGAINST ME AND THE RATION PROVE TO BE FALSE.
Signature	Position	 Date
11. Support document chec	cklist (Please mark X)	
Completed application form declaration forms 4 and 8	with	
Registration certificate		
Registration certificate  Business Plan		
Business Plan	mbers	
Business Plan  Valid original tax clearance	se	
Business Plan  Valid original tax clearance  Certified ID Copies of all me  Proof of land ownership, lea	ise ient	
Business Plan  Valid original tax clearance  Certified ID Copies of all me  Proof of land ownership, lea agreement or rental agreem	nse nent nk statement confirming ct.	

services towards a municipality or other provider in respect of which payment is overdue for more than 30 days.	
Detailed one page application letter	
indicating the kind of assistance	
required.	

- > Submission of all required information does not guarantee approval of the fund.
- > A decision made by Winnie Madikizela-Mandela Local Municipality will be binding with no obligation to enter any subsequent correspondence.
- > Successful applicants will be required to sign an agreement with the Winnie Madikizela-Mandela Local Municipality.
- It remains the responsibility of the applicant organization to submit the application on time at the Municipality (Closing date 30th July 2021 at 12H00). No late applications will be accepted.