

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
lmahlaka@mbizana.gov.za

NOTICE NO: DP/LED RETAILERS SUPPORT PROGRAM: SPAZA SHOPS AND GENERAL DEALER

Winnie Madikizela-Mandela Local Municipality, Local Economic Development, is inviting retail owners to apply for the Retail Support Program. The program is developed specifically for entrepreneur in the wholesale and retail sector: Spaza Shop and General Dealers.

Selection Criteria:

1. The business must be registered with the Companies and Intellectual Property Commission (CIPC)
2. The business must be Tax compliant. Registered with SARS
3. Consent or confirmation of the existence of business by traditional authority
4. The business must be in operation for at least 12 months.
5. The business must be owned by a Winnie Madikizela Mandela Local Municipality Resident
6. Vulnerable groups (Women, Youth and People with Disability) are encouraged to apply

How to apply

1. Must submit a completed and signed application form
2. The form should be submitted with: **CIPC Certificate, SARS confirmation letter, Identification documents, Proof of resident and Consent or confirmation letter from the traditional authority**

NB: All selected applicants will be visited for verification and assessment.

Application forms will be available at the LED offices, councilors and municipal website. **Advertised on the 21st July 2025 and closed not later than 08th August 2025 at 12H00.** Applications must be submitted at Winnie Madikizela-Mandela Local Municipality LED offices

All enquiries may be referred to Mr. B Hlangabezo: LED Manager @ 039 251 0230/ hlangabezob@mbizana.gov.za



MR. L MAHLAKA
MUNICIPAL MANAGER

Vision: A vibrant socio economic growing municipality that creates sustainable communities with equal opportunity for all.

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APPLICATION FOR RETAILER SUPPORT PROGRAM: SPAZA SHOPS AND GENERAL DEALER

1. Business Details

Name of the business	
Physical Address of the Business	
Ward	

2. Ownerships details

Name		Surname	
Id No		Gender	
Contact No		Alt Contact number	
Physical Address			
Disability(y/n):	Youth(Y/N):	WMMLM Resident(Y/N):	

3. Company Details

Company registration	
SARS Registration	
Consent or confirmation letter from local authority	
The date or year the business in operation	
Proof of resident	
Owners highest qualification	

4. Business needs(Summary)

The need	Estimated cost
1.	
2.	
3.	

Initials and Surname

position

Date

For office use

Initials and Surname

Position

Date

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