

# 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

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NOTICE NO: DP/LED AGRIC 02/05/26

## CANNABIS DEVELOPMENT PROGRAMME

Winnie Madikizela-Mandela Local Municipality is inviting interested farmers to apply for Cannabis Development Funding.

### Eligibility Criteria;

- It must be a business that has been operating for a minimum of 1 year.
- The program is strictly cannabis related.
- Affiliation or registration to any existing cannabis structure will add an advantage.
- The applicants must operate within Bizana jurisdiction.

**NB:** First preference will be given to vulnerable groups (Women, Youth & people with disability) subjected to the compliance requirements. All applicants will be screened and vetted. Shortlisted growers will be notified telephonically or via sms.

Applicants are expected to provide the following to be considered:

- Completed application form.
- Affiliation
- Be a registered or non-registered entity (CIPRO/CIPC Certificate)
- Cannabis off-take agreement
- Valid tax clearance/Pin number.
- Certified ID copies of all members or directors.
- Letter from ward councilor confirming existence of the project/business (not proof of residence)
- 3 months bank statement or book keeping records.
- Proof of land ownership or lease agreement.
- Supporting quotations.
- Business plan
- Cannabis license/ permit

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

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## Disqualification;

- Canvassing with politicians or municipal officials will lead to disqualification.
- Failure to comply with relevant bodies e.g. SARS, CIPC will lead to disqualification.
- Failure to submit certified copies of any of the required documents will lead to disqualification.
- Faxed or emailed applications will not be accepted.
- Incomplete applications will lead to disqualification.
- No persons in the service of the state will be considered.

Applications must be submitted at Winnie Madikizela Mandela Local Municipality LED Office, 51 Winnie Madikizela Mandela Street, and Bizana 4800. **Closing date 05 June 2026 at 12H00.** Applications must be in a sealed envelope and must be clearly marked **Cannabis Development Programme**. Applications forms will be available at our LED Offices and municipal website. **Communication will be limited to successful applicants only.** Collect application form from the ward councilor or municipality

All enquiries may be referred to Mr. B Hlangabezo: LED Manager @ 039 251 0230 [hlangabezob@mbizana.gov.za](mailto:hlangabezob@mbizana.gov.za)

MR. L MAHLAKA  
MUNICIPAL MANAGER

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## APPLICATION FORM 2026-27 FINANCIAL YEAR

### PROGRAM NAME: CANNABIS DEVELOPMENT

*To be completed by applicant (compulsory)*

<b>APPLICANT NAME AND SURNAME</b>	
<b>POSITION OF THE APPLICANT</b>	
<b>COMPANY/PROJECT NAME</b>	
<b>LOCATION/VILLAGE</b>	
<b>WARD</b>	
<b>CONTACT NO</b>	
<b>ALTERNATIVE CONTACT NO</b>	
<b>EMAIL ADDRESS</b>	

## SECTION 1

<b>A</b>	<b>Company details</b>									
1.	<b>Business name</b>									
2.	<b>Trading name (if any)</b>									
3.	<b>CIPC Registration No.</b>									
4.	<b>No of years in operation</b>									
5.	<b>No of permanent employees</b>									
	<b>No of casual employees</b>									
7.	<b>No of disable persons</b>									
8.	<b>Category of business (mark with "x")</b>	Farming	Wholesale	Retail	Hawker	Catering	Salon	Tourism	Other(specify)	
9.	<b>Cannabis Licence/Permit</b>									
10.	<b>Affiliation of any business structure?</b>									
11.	<b>Cannabis off-take agreement</b>									
<b>B</b>	<b>Details of primary contact person</b>									
1.	<b>Title</b>									
2.	<b>Name</b>									
	<b>Surname</b>									
4.	<b>ID number</b>									
5.	<b>Citizenship</b>									
6.	<b>Position</b>									
7.	<b>Contact number</b>									
8.	<b>Email address</b>									
9.	<b>Physical address</b>									
10.	<b>Ward</b>									
11.	<b>Ward counsellor</b>									

**C**

**Company Banking details**

1.	Name of the Bank	
2.	Account No	

**D**

**Financial Information of the business (Assets and Liabilities)**

Assets		Liabilities	
Category	Amount	Category	Amount
1. Fixed Property	R	Rent	R
2. Vehicle	R	Business Loans	R
3. Equipment	R	Bank overdraft	R
4. Stock	R		
5. Cash in bank	R		
6. Other (specify)	R		
<b>TOTAL</b>	<b>R</b>	<b>TOTAL</b>	<b>R</b>

**E**

**Company associates/members/directors**

	Associate Name	Associate Surname	Contact No	Role/Position
1.				
2.				
4.				

**F**

**Declaration of previous support received from other government institution (including trainings) from the last three (3) financial years**

	Type of support	Institution Name	Year	Contact person and number
1.				
2.				
3.				
4.				
5.				

## SECTION 2

**A**

### SUPPORT REQUESTED

List items requested and estimated cost (attach quotation)

**ITEM**

**Amount**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

## SECTION 3

**A**

### CHECKLIST

NB: INDICATE WITH (X)		SUBMITTED?
1.	Completed application form	
2.	CIPRO/CIPC Certificate	
3.	Valid tax clearance/Pin number.	
4.	Certified ID copies of all members or directors.	
5.	Letter from ward councillor confirming existence of the project/business (NOT proof of residence)	
6.	Business Plan.	
7.	Three months bank statement of the business or Book keeping records.	
8.	Proof of land ownership or lease agreement. (duration of the lease must be from 5 years or more)	
9.	Supporting quotations	
10.	Cannabis license/ permit	
11.	Affiliation of any business structure	
12.	Cannabis off-take agreement	

