



## DISTRICT SKILLS FOR ECONOMIC DEVELOPMENT



## APPLICATION FORM APPLICANT INFORMATION

1. COMPANY DETAILS			
Name of Project/Business/Learner			
Type of Entity (if registered with CIPC)			
Industry (Sector)			
Registration Number (if applicable)			
Registration Date (if applicable)			
Telephone Number			
E-Mail Address			
Tax Reference Number			
Business Address			
Postal Address			
eriod in Business (Years)			

	2. CONTACT PERSON
First Name(s)	
Surname	
Contact Number(s)	·
E-Mail	
Residential Address	
What language/s do you speak at nome?	
re you a South African Citizen?	
Highest level qualification (for Exar	mple: Standard 7, Grade10, ABET Level 3)
/hat is the little of your highest qua	lification?
ave you previously undertaken a le	earnership? Yes /NO
	3. COMPANY INFORMATION

3. COMPANY INFORMATION	
3.1 OBJECTIVES OF THE COMPANY	
3.2. CURRENT ACTIVITIES OF THE COMPANY	

Uallandana Chassa I I II
Percentage Share holding
ROGRAMME
(Indicate yes/no)

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6. PROFESSIONAL		
Name of Accounting Officer		
Contact Number(s)	Cell:	
	Tel:	
Email Address		

7. FINANCIAL INFORMATION	
Total Finance Required	
Owners' Contribution (Unencumbered)	V.
Purpose of Funds	
Financial Year End of Business	
8. REFERENCES	
Number of Current Employees	
New Jobs Created	

## **Declaration and Consent**

1/WE, the undersigned, declare that the information provided *in* this application form is to the best of my/our knowledge true and complete. 1/WE also understand that any willful misrepresentation of the information in this form will disqualify my/our application and may lead to legal action against me/us and/or the institution that 1/WE represent.

Full name(s):	
Designation:	
Signature:	
Place:	
Date:	