



**SEKHUKHUNE**  
District Municipality

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**SEKHUKHUNE DISTRICT MUNICIPALITY SMMEs AND COOPERATIVES SUPPORT FUND 2024/2025 APPLICATION FORM**

**INSTRUCTIONS**

1. All questions must be answered.
2. This programme is meant for SMMEs and Cooperatives residing in Sekhukhune District only and therefore only SMMEs and Cooperatives are eligible to apply.

**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 number
3. Original valid tax clearance certificate or PIN
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. Annual Financial Statements (if applicable) of proof of 2023/2024 annual turnover
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 Customers	

Main Competitors	
Name	Product




**SECTION C: SUPPORT APPLIED FOR: What assistance does the SMME/Cooperative apply for? (Kindly attach quotations if applicable)**

Activities (Production Infrastructure, equipment or inputs)	Estimated cost

**SECTION D: OTHER SOURCES OF SUPPORT RECEIVED**

Organization	Type of Support (if monetary state amount in Rand value)	When received


**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	