



**NEF and BPM Grant
Application Form**
R20 000 grant funding

NEF and BPM Grant Application Form

R20 000 grant funding

Grant Application for Small and Micro Enterprises
with an Annual Turnover Below R1 million

Personal Details					
Lead Applicant Details	Title			ID No.:	
	Name(s)				
	Surname				
	Age			Nationality:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>				
Racial classification:	African <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/>				
Residential address:				Code:	
Postal address:				Code:	
Telephone:		Cell:		Fax:	
Email:					

Operating entity Details				
Name of Business:				
Trading name:				
Registration number:				
Company type:	Private or (Pty) Ltd <input type="checkbox"/> Close Corporate <input type="checkbox"/>			
Business address:				
Postal address:				
Tax reference number:				
Vat registration number:				
Business location or community area				
BBBEE or Black Shareholding:	Shareholding:	BBBEE <input type="checkbox"/> Non-BBBEE <input type="checkbox"/>	Percentage or Level:	
Local Shareholding:	Shareholding:	Local <input type="checkbox"/> Non-local <input type="checkbox"/>	Percentage or Level:	

Key Contact Person's Details				
Name:			Surname:	
Telephone:		Cell:		Fax:
Email:				

shareholders of the Company/Members of the Close Corporation or Cooperative

Shareholder Name	Male	Female	BEE	Non-BEE	Local	Non-local	Shareholding %
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL							

Business Operation Details

Current registrations:

VAT: Yes No RSC: Yes No UIF: Yes No

PAYE: Yes No INCOME TAX: Yes No

Accounting or Bookkeeping Service Availability: Yes No

Stage of the business: Start up Existing Years of existence:

Please indicate the values attributed to the following aspects of your business;

Average monthly turnover (over the past 12 months)

Number of current employees (South African citizen or work permit holder):	SA citizen		Permit holder
	Owners involved:		
	Permanent:		
	Temporary:		
	Potential new jobs:		
	Total:		

Sector/ Industry:

Business address: Code:

Core business activity:

Core business challenges or opportunities summary:

Industry Affiliation Body:

Grant funding purpose:

Start up	<input type="checkbox"/>	Expansion	<input type="checkbox"/>
Asset acquisition	<input type="checkbox"/>	Tools or equipment	<input type="checkbox"/>
Working Capital, e.g., Raw Material	<input type="checkbox"/>	Operation Costs, e.g., Rent	<input type="checkbox"/>
Infrastructure improvement	<input type="checkbox"/>		
Other (Please state)	<input type="checkbox"/>		

Please indicate how you heard about the grant funding:

Facebook Twitter Radio Word of mouth Newspaper Email communication

Other (please specify) _____

acceptance

I (full name) _____

as _____ hereby declare that I have read and fully understood and accepted the above terms and conditions as set out in the application form and supporting information.

Signature: _____

Date: _____

Place: _____

Checklist

Application documentation checklist		Yes	No	Initial
1	Completed application form	<input type="checkbox"/>	<input type="checkbox"/>	
2	Municipal permit or proof of application	<input type="checkbox"/>	<input type="checkbox"/>	
3	Two pages business profile: Explain primary target market, business concept and the potential of the assistance you are seeking through this programme	<input type="checkbox"/>	<input type="checkbox"/>	
4	Valid tax clearance certificate (not applicable to informal traders)	<input type="checkbox"/>	<input type="checkbox"/>	
5	Annual financial statements/management accounts/bank statements (not applicable to informal traders)	<input type="checkbox"/>	<input type="checkbox"/>	
6	Company registration documents (not applicable to informal traders)	<input type="checkbox"/>	<input type="checkbox"/>	
7	Copy of owner(s) ID documents	<input type="checkbox"/>	<input type="checkbox"/>	
8	CIPC or Company Registration Documents	<input type="checkbox"/>	<input type="checkbox"/>	
9	Three Months Bank Statements	<input type="checkbox"/>	<input type="checkbox"/>	
10	BBBEE certificate or affidavit	<input type="checkbox"/>	<input type="checkbox"/>	
11	Provide detailed list of employees including copy of their Identification document	<input type="checkbox"/>	<input type="checkbox"/>	
12	Provide breakdown of funding requirements and supporting documents e.g quotations	<input type="checkbox"/>	<input type="checkbox"/>	
13	One page with pictures of current facility or operation	<input type="checkbox"/>	<input type="checkbox"/>	

Application Closing Date: 31 March 2025

CONTACT DETAILS

Small and Micro Enterprises

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