

BUSHBUCKRIDGE LOCAL MUNICIPALITY



APPLICATION TO PARTICIPATE ON BUSHBUCKRIDGE INCUBATION PROGRAMME 2021

The completed application form should either be:

Posted to:	or	Hand delivered to:
Mrs. CN Nkuna Municipal Manager Bushbuckridge Local Municipality Local Economic Development Unit Private Bag x 9308 Bushbuckridge 1280		Mrs. CN Nkuna Municipal Manager Bushbuckridge Local Municipality Local Economic Development Unit R533 Graskop Main Road Bushbuckridge 1280

Enquiries:

LED/SMME OFFICE
Mr. Sekulane A
081 044 2050

CLOSING DATE: 19 March 2021

FOR OFFICE USE ONLY	
NAME OF PARTICIPANT: _____	
REGISTRATION NUMBER : _____	
CAPTURED BY: _____	DATE: _____
APPLICATION APPROVED: YES _____ / NO _____	
APPROVED BY: _____	DATE: _____
PARTICIPANT CODE: _____	

GUIDELINES FOR COMPLETING THE BLM INCUBATION REGISTRATION FORM

Registration forms are to be completed in **BLACK PEN** only. Please print so that all information is legible. Forms that are not readable or incomplete **WILL** be **REJECTED**. Each page must be initialled. Please Note: All alterations are to be initialled by the applicant.

1. SPECIAL REQUIREMENTS AND DOCUMENTATION

Please refer to the attached table (following page) to determine the mandatory supporting documentation required by your business type. Please ensure that all copies of Mandatory documents (certified copies, where applicable are attached and should not be older than three months. If a field is not applicable to your business type, clearly mark it as **N/A** and supply applicable documentation, or proof of exemption.

- **Sequence of gathering supporting documentation** – Local Economic Development office recommends that the following sequence is adhered to when gathering documents:
 - (i) **Company Registration (CK1)**
 - (ii) **SARS – Tax Clearance Certificate**
 - (iii) **Certified ID Copies of Director(s);**
 - (iv) **Proof of residence**
 - (v) **CSD Registration Report**
 - (vi) **CIDB Certificate**
- **Company Registration (CK)** – Only a company that has been in existence for more than 12 months will be considered.
- **Tax Clearance Certificate/ SARS Pin is to be submitted** – The validity period of a Tax Clearance certificate is 12 months from date of issue. To maintain a verified status on the BLMID, please ensure that Local Economic Development Unit is always in possession of a valid Tax Clearance Certificate.
- **Certified ID Copies of the Director(s)** - Certified copies should not be more than 3 months from the date of signing and stamped
- **Proof of residence of the Director**– It must include the name(s), ID, Postal Address, Physical Address, Ward, Village/ Township including how long the applicant has been residing in that area.
- **Proof of residence of the Company**- It must include the names of the company, Company Registration, Postal Address, Physical Address, Ward Number, Village/ Township including how long has the company been operation in that residential area.
- **CSD Registration Report**- Tax matter should be order, company not restricted, director(s) not working for government. The printout should not be older than 3 months.
- **CIDB Certificates of Registration** – include certified copies of your Contractors Registration Certificate, as issued by the Construction Industry Development Board (CIDB) – Expired Certified and application forms for renewal will not be consider (**only CIDB Level 1 are legible to participate**);
- **Owners, Shareholders** – Please ensure that the percentages of ownership of the individual shareholders amount to 100%. That is, provide details of all shareholders, and ensure that all fields are completed for each. Proof of individual shareholding is to be submitted.
- **Certified Documents** – Please ensure that certified copies are endorsed by the Commissioner of Oath and should not be more than **3 months** from the date of signing.
- **Copies of Documents** – Please keep copies of the registration form and all supporting documentation submitted, for your own records and ensure that all data is maintained and up to date on a continual basis.

- **Amendments** – Please notify the Local Economic Development (LED) Office immediately of any changes to the verified information submitted. **Submit a Certificate of Correctness with the amended data.**
- **Queries** – Should you have any related queries or if you require assistance completing the registration form, please contact the Local Economic Development (LED) office.
- **Attachments** – *Please note that all the attachments should be attached at the back of the application form as no tampering with the application form will be tolerated (the application form should be in its original state).*

2. APPLICANT'S/BUSINESS PARTICULARS

2.1. Legal Name of Business: _____

2.2. Business Trading Name: _____

2.3. ADDRESS

Physical

Area Code: _____

Postal

Postal Code: _____

BUSINESS ADDRESS

Physical Address

Area Code: _____

Postal Address

Postal Code: _____

2.3. Telephone Number: _____

2.4. Fax Number: _____

2.5. Cell Number: _____

2.6. Email Address: _____

2.7. Contact Person:

2.8.1. Title: _____

2.8.2. Name: _____

2.8.3. Position: _____

2.9. Preferred Method of Communication: _____

2.10. Ward number _____ (village name) _____

3. COMPANY REGISTRATION DOCUMENTS

NB. DOCUMENTARY PROOF MUST BE PROVIDED WHERE APPLICABLE (*Please mark N/A if not applicable.*)

3.1. COMPANY TYPE (attach copies)

PUBLIC COMPANY LTD		CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
PRIVATE COMPANY (PTY) LTD		CERTIFIED COPY OF CERTIFICATE OF INCORPORATION (CM 3)
CO-OPERATIVE		CERTIFIED COPY OF PARTNERSHIP AGREEMENT
CLOSE CORPORATION		CERTIFIED COPY OF CK 1 DOCUMENT OR CK 2 IF APPLICABLE
SOLE PROPRIETOR		CERTIFIED COPY OF ID/PASSPORT DOCUMENT
PARTNERSHIP		COPY OF PARTNERSHIP AGREEMENT
BUSINESS TRUST		CERTIFIED COPY OF REGISTRATION DOCUMENT
OTHER		CERTIFIED COPY OF REGISTRATION DOCUMENT

4.3. DECLARATION OF INTEREST

4.3.1 No applicant/application will be accepted from persons in the service of the state*.

4.3.2 In order to give effect to the above, the following questionnaire **must** be completed and submitted with the forms.

Full Name: _____

Identity Number: _____

Company Registration Number: _____

Tax Reference Number: _____

VAT Registration Number: _____

Are you currently in the service of the state*?
If so, furnish particulars

YES / NO

Have you been in the service of the state for the past twelve (12) months?

YES / NO

If so, furnish particulars

Do you have any relationship (family, friend, other) with person(s) in the service of the state and who may be involved with the evaluation and/or finalisation process of Bushbuckridge Local Municipality's incubation programme?

YES / NO

If so, furnish the following particulars

Name of that person/s:

Relationship:

Describe involvement:

If so, furnish particulars

Is any spouse, child or parent of the Company's directors, managers, principal shareholders or stakeholders in service of the state? **YES / NO**

If so, furnish particulars

I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT. I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

SIGNED ON BEHALF OF THE COMPANY: _____

FULL NAMES _____

IN HIS/HER CAPACITY AS: _____

SIGNATORY: _____ **DATE:** _____

