



THEMBISILE HANI LOCAL MUNICIPALITY YOUTH OWNED SMMEs, COOPERATIVES, NGOs AND NPOs SUPPORT APPLICATION FORM

APPLICATION FORM 2025/2026

Thank you for your interest in Thembisile Hani Local Municipality's (THLM) call for proposals for business improvement of youth owned SMMEs, Cooperatives, NGOs, and NPOs.

The call for proposals for business improvement and support for SMMEs, Cooperatives, NGOs and NPOs has been established by THLM to provide limited grant funding to Youth SMMEs, Cooperatives NGOs and NPOs within the municipality that require capital to grow and improve their businesses. The funding will mainly be allocated in the form of a grant in-kind, for example through the purchasing of equipment or tools on behalf of the SMME by the municipality. The THLM does not transfer money directly to the SMME.

INSTRUCTIONS

1. Application form must be completed in full (i.e., All items on the application form must be answered).
2. This Programme is meant for Youth Owned SMMEs, Cooperatives, NGOs and NPOs residing in Thembisile Hani Local Municipality only and therefore **only** SMMEs, Cooperatives, NGOs and NPOs are eligible to apply. Woman and people with disability are encouraged to apply.
3. An entity must at least be 50% black owned and residing within THLM.

SUPPORTING DOCUMENTATION REQUIRED

The following documentation must be attached to this application form.

1. Proof of registration of the SMMEs, Cooperatives, NGOs and NPOs
2. Comprehensive business profile
3. Municipal Account not in arrears
4. Bank Confirmation Letter (not older than 3 months)
5. Certified ID copies of all directors
6. Quotation of tools of trade requested

SECTION A: APPLICANT DETAILS			
Name of the SMME/ Cooperatives/ NGO/NPO			
Status of SMME/ Cooperatives/ NGO/NPO, please tick:	New (Start Up)		Existing
Registration no.		Ward 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 (Location of operation/ Place from which the SMME/Cooperative/NGO/NPO conducts business):		Postal Address:	

Name the main products and/or services provided or produced, please list them below:	
Description of Products or Service(s)	Main Customers/target market

SECTION B: LIST OF MEMBERS OF THE ENTITY/INSTITUTION					
Name and Surname	Position	Gender M/F	Race	Youth Less than 35 Yes/No	Disabled Yes/No

SECTION F: DECLARATION

I/we hereby declare that the information in this application is a correct and is a true reflection of our entity/organization .

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 supporting documents is 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	