



# LIMPOPO

PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF  
ECONOMIC DEVELOPMENT, ENVIRONMENT & TOURISM

FOR OFFICE USE

FILE NO.

## SECOND INTAKE:

### LIMPOPO TOURISM RELIEF APPLICATION FORM

*(ACCOMMODATION, TRAVEL & RELATED SERVICES, HOSPITALITY & RELATED SERVICES, HUNTING & SAFARIS, AND GOVERNMENT SUPPORTED PROJECTS)*

Kindly complete the form as follows:

- Adhere to all qualifying criteria as outlined in the Advertisement for businesses
- Fill in all the fields
- Provide accurate information
- Use legible writing
- Attach all required documentation as outlined in the advertisement

**PLEASE TICK THE CORRECT BOX INDICATING YOUR BUSINESS CATEGORY AS PER THE ADVERT:**

<b>ACCOMMODATION FACILITIES</b>	<input type="checkbox"/>	<b>HOSPITALITY AND RELATED SERVICES</b>	<input type="checkbox"/>	<b>TRAVEL AND RELATED SERVICES</b>	<input type="checkbox"/>
<b>GOVERNMENT TOURISM SUPPORTED PROJECT</b>				<input type="checkbox"/>	

## 1. COMPANY BUSINESS DETAILS

*Please provide the attached information in full and attach the required documentation*

<b>1.1 Name of Registered Business</b>	
<b>1.2 Business Trading Name</b>	
<b>1.3 Company Type</b> <i>(E.g CC, sole proprietor, Trust, Co- operative,, partnerships, etc.)</i>	
<b>1.4 Main Business Activity</b>	
<b>1.5 Other (Please Specify)</b>	
<b>1.6 Company Reg. Number</b>	
<b>1.7 Year Established</b>	
<b>1.8 SARS Reg. Number</b>	
<b>1.9 Vat Registration Number</b> <i>(if applicable)</i>	

## 2 EMPLOYMENT INDICATORS

*Please indicated the number of employees employed prior April 2020 and provide a UIF registration listing the names of employees with ID Numbers on a Sworn Affidavit*

<b>2.1 Employment: Permanent</b> <i>(Number of Employees)</i>	
<b>2.2 Employment: Temporary</b> <i>(Number of Employees)</i>	

## 3 FINANCIAL INFORMATION

<b>3.1 Annual Turnover</b> <i>(As per the latest company's financial statements at the financial year end prior April 2020)</i>	
<b>3.2 Operating Expenses</b>	
<b>3.3 Attach 6 Month certified Bank Statements:</b> <i>(Six months prior April 2020)</i>	

## 4 BUSINESS CONTACT INFORMATION

4.1 District Municipality where business is operating from.	
4.2 Local Municipality where business is operating from.	
4.3 Physical Address	
4.4 Postal Address	
4.5 Company Representative who has authority to complete the application form	
4.6 Telephone Contact details	
4.7 Email address	

## 5 BACKGROUND AND STATUS

5.1 Please provide a brief background on the business/enterprise and its current status (focus to be on service offering and capacity for each service category (including any significant changes thereof):

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5.2 Please highlight the challenges faced by the business/enterprise relating to Covid-19:

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5.3 Please provide the solutions already implemented by the business/enterprise to recover from Covid-19:

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## 6. BUSINESS BANKING DETAILS (*Bank confirmation letter to be attached*):

Please provide the account to be used for which a grant is being requested [must allow payments made by the Department to be identified]

<b>6.1 Name of Bank:</b>	
<b>6.2 Account Holder Name:</b>	
<b>6.3 Account Number:</b>	
<b>6.4 Branch Address:</b>	
<b>6.5 Branch Code:</b>	
<b>6.6. Type of Account:</b>	

## 7 DECLARATION BY THE APPLICANT:

I, the undersigned \_\_ \_\_\_\_\_, authorised hereby request from the Department of Economic Development, Environment and Tourism a relief fund with a view to implement the action/work programme on the terms laid down in this application.

I certify that the information contained in this application is correct and that the business has not received any other relief fund to carry out the action/work programme that is the subject of this grant application.

I have been informed that, under the applicable legislations including the Public Finance Management Act and related regulations, applicants found guilty of false declarations may be subject to administrative and financial penalties in accordance with the conditions laid down in that Regulation.

**Name of Applicant:** \_\_\_\_\_

**Title or Position in the Business:** \_\_\_\_\_

**Signature of the Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 8 CHECKLIST OF ATTACHMENT

The applicant must ensure the following nine (9) attachments are in place (please tick)

Document	Applicant confirm attachment	Confirmation of attachment by LEDET Official
Completed and signed application form for the Limpopo Tourism Relief Fund		
Copy of Company registration documents -, CIPC, CC, Trust-, Co-operative-, Sole Proprietor, Partnerships, etc		
Certified ID copies of owners, directors/members.		
Six (6) month's bank statements prior April 2020 (i.e. Nov'19 to April'20)		
Bank confirmation letter for account		
Tax Clearance Certificate or Valid SARS PIN		
B-BBEE Certificate or Sworn Affidavit		
Proof of Employees: <i>(UIF contribution certificate/ TERS report/ List of employees on a company letterhead and or Sworn Affidavit stamped and signed by Commissioner of Oath)</i>		
<b>Attached Entity Registration Form</b>		



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**9 ENTITY REGISTRATION FORM**

**COMPANY NAME:** .....

**COMPANY REGISTRATION NO:** .....

**PHYSICAL ADDRESS:** .....

**POSTAL ADDRESS:** .....

**CONTACT PERSON:** .....

**TEL NO:** ..... **CELL NO** ..... **EMAIL** .....

**BANKING DETAILS:**

**BANK NAME:** .....

**ACCOUNT HOLDER:** .....

**ACCOUNT NUMBER:** .....

**BRANCH CODE:** .....

**TYPE OF ACCOUNT:** .....

***BANK STAMP***

20 Hans van Rensburg Str.  
Polokwane  
0700  
Tel: (015) 293 8300

Private Bag x9486  
Polokwane  
0700  
Fax (015) 295 6940

