



Mopani District Municipality

“ADVERT EXTENSION FOR MDM SMME SUPPORT FUND”

Mopani District Municipality hereby calls for interested enterprises who never received any social relief from any government department or agencies to apply for the MDM SMME SUPPORT fund.

ATTRIBUTES: Applicants must be enterprises which are found in the Mopani District and are operational.

FIELDS OF INTERESTS: This advert covers the three strategic pillars of our economy in the district i.e. Tourism, Agriculture, Trade and Manufacturing. It is further emphasized that enterprises should apply for funding only in one categories.

Requirements: The enterprise should conform with the following statutory requirements.

- An application letter stating which sector you are applying for.
- Filling of the provided Affidavit.
- Certified ID Copy
- Valid Tax Certificate.
- CSD
- CIPC
- BBBEE Certificate.
- Municipal rates and taxes/Letter from the Traditional Authority.
- Minimum of two years of uninterrupted existence
- Six months bank statements

DISQUALIFICATIONS: This is a category of those who do not qualify.

- Politicians in public office.
- Employees of government.
- Applying for multiple categories.
- Fund administrators.
- Foreign nationals, dual citizenship and illegal immigrants.

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- Distressed producers where the grant is required to settle the debt.
- Joint Ventures with workers where workers are not involved in the management of the operation;
- Joint ventures where targeted producers exercise less than 60% ownership and voting right.

CATEGORY AND AWARD SIZES:

Agriculture	Tourism	Trade and Manufacturing
<p>Purpose: To support local farmers with farm equipments and inputs.</p> <p>Award Size: e-voucher of R7 000</p> <p>N.B: 20 Enterprises will be awarded in each of our local municipalities with Farm equipments and inputs, i.e fertilizers, animal feeds, chemicals, seeds & seedlings.</p>	<p>Purpose: To support tourism establishments sites with digital marketing i.e Wi-Fi installations and development of e-marketing websites.</p> <p>Award size: e-voucher of R15 000</p> <p>N.B: 10 Enterprises will be awarded in each of our local municipalities.</p>	<p>Purpose: To support our local trade and manufacturing entities with procurement of sewing machines, fabrics, beads, hair products for saloon operators.</p> <p>Award Size: e-voucher of R10 000</p> <p>N.B: 14 Enterprises will be awarded in each of our local municipalities.</p>

Please forward your application letter together with your supporting documents to: **The Municipal Manager, Mopani District Municipality, Private Bag X 9687, GIYANI, 0826** or hand delivered to **Mopani District Municipal Offices, Giyani Old Parliament Buildings, Former Premier’s Office, Main Road – Giyani, GIYANI 0826** and all local LED offices.

Enquiries: Mr. Malatji KP. Tel. 015-811 6300.

CLOSING DATE: 28 MAY 2021.

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SMME RELIEF FUND AFFIDAVIT

COMPANY DETAILS

Tax number: _____ Registration number: _____

Registered company name: _____

Company trade name: _____

Company address: _____

Company type (please tick)

Cooperative/ Partnership /Sole trader/Private Company/other: _____

TO BE COMPLETED BY THE DEPONENT

I (full name): _____

ID/Passport number: _____

Residing address: _____

Tel (w) _____ Tel (h) _____ Cell _____

Hereby declare under oath that:

I am a member/director/owner of the above-mentioned entity and am duly authorised to act on its behalf and I am not a Government Employee.

I confirm that the company shareholding is as follows:

Total black shareholding as a percentage: _____

Total female shareholding as a percentage: _____

Total youth shareholding as a percentage: _____

Total disability shareholding as a percentage: _____

I confirm that the company employs the following staff:

Total staff: _____ Total South African staff as a number _____; and as a percentage _____

Has the company received any COVID-19 relief funding? YES/NO

If YES, please provide the name of the funder and the amount:

Funder's name: _____ Amount: _____

I know and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding on my conscience.

Place _____

Date (dd/mm/yyyy) _____

Signature _____

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SMME RELIEF FUND AFFIDAVIT

TO BE COMPLETED BY THE COMMISSIONER OF OATHS

I certify that the DEPONENT has acknowledged that he/she knows and understands the contents of this affidavit, that he/she does not have any

objection to taking the oath, and that he/she considers it to be binding on his/her conscience. The affidavit was sworn to and signed before me.

At _____

on (dd/mm/yyyy) _____

Full name and Surname _____

Stamp and signature

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