

## Application Form

### Training Workshop Registration Form – Spaza Shop Owner/Operator

1. Complete all Sections of this form.
2. Attach all required supporting documents.
3. Submit your application via email, post or in person before 28 February 2025.

### Participant Information:

1. Full Name (s) and Surname:

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2. Email Address or Phone Number:

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3. Indicate - Owner/Operator:

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4. Local Municipality:

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5. Name of Town/Village and Ward Number

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### Consent & Acknowledgment:

6. I consent to the processing of my personal information as outlined in the workshop terms and conditions. Indicate with X.

☐ Yes

☐ No

7. I agree to the terms and conditions of the workshop.

☐ Yes

☐ No

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8. I confirm all information is accurate and complete.

Applicant Signature: \_\_\_\_\_

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

NB: The form must be submitted with:

- \*Certified South African Identity Document not older than 6 months (SAPS Certified).
- \*Proof of Registration of Spaza Shop with local municipality/Proof of Application for Registration with relevant local municipality.
- \* Sworn affidavit stating that the Spaza Shop Owner is not engaged in the trade of illegal goods in line Section 5 of [Standard Draft By-Law for Township and Village Economies](#).

**SUBMISSION DETAILS:**

Email: BaleM@Mopani.gov.za

Post: Private Bag X9687, Giyani, 0826

In-Person: Nearest Mopani District Municipality Satellite Office or Main Office.

Municipal Manager: Tshepo Mogano  
Government Building  
Main Road  
Giyani  
0836  
Subject: Spaza Shop Training Workshop

For more Information, Contact:

Dr. Tshepo Monakedi – Senior Manager: Planning and Economic Development Tel: 015 811 6379 | Cell: 083 334 1603 | Email: BaleM@Mopani.gov.za