

**HEAD OFFICE**

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[www.leda.co.za](http://www.leda.co.za)



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**LEDA COVID-19 FINANCIAL RELIEF SCHEME – NON- FINANCIAL SUPPORT - PRODUCT STANDARDISATION GRANT APPLICATION FORM**

Please note the following before completing the form:

**Non- Financial Support Product Standardisation Grant is a LEDA Covid-19 Financial Relief Scheme** that provides support to Emerging Manufacturers (*Youth, Women & People with Disability Owned Enterprises are Encouraged to Apply*), for them to increase their capacity to access economic opportunities, enhance competitiveness and improve product development.

**NON- FINANCIAL SUPPORT PRODUCT STANDARDISATION GRANT APPLICATION FORM:**

1. Ensure you have fully read and understood this form.
2. Applications must be signed by the authorised representative(s) of the company.
3. Before submitting your application, ensure you have attached all required documents, as stipulated in Section G.

Website: [www.leda.co.za](http://www.leda.co.za)

Customer Contact Centre: **0800 546 266**

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Registered address: Enterprise Development House, Main Road, Lebowakgomo, 0737, South Africa

**Directors:**

Mr PM Makwana (Chairperson)  
Mr M Maphutha, Adv. TM Ncube, Mr MS Ralebipi, Mr R Shingange, Mr IM Rathumbu,  
Mr TR Makhuvha (CEO), Mr F Magidi (CFO), Mr NB Mokobane (Interim COO)

**Company Secretary:** Ms. C Mokoma

SECTION A		BUSINESS INFORMATION			
Business Name					
Business Type					
Business Registration Number					
Registration Date					
Business Address					
Postal Address					
VAT Number					
Income Tax Number					
Tax Clearance Certificate Number					
Tax Clearance Expiry Date					
Contact Person					
Contact Numbers					
Business Contact Details					
Tel. Number					
Fax Number					
Mobile Numbers					
Email Address					
Is any of the business owner/s or shareholder/s employed by government?		Please tick the relevant box <input type="checkbox"/> Y <input type="checkbox"/> N			
SECTION B		OWNERSHIP AND KEY MANAGERS			
Details of All Owners and Member in the company					
Name	ID Numbers	Age	Race	Gender	Disability (YES/NO)

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**Details of Key Managers in the business**

<b>Name</b>	<b>ID Numbers</b>	<b>Age</b>	<b>Race</b>	<b>Gender</b>	<b>Disability (YES/NO)</b>

**Details of Key Employees in the Business**

<b>Name</b>	<b>ID Numbers</b>	<b>Age</b>	<b>Race</b>	<b>Gender</b>	<b>Disability (YES/NO)</b>

**SECTION C**

**BUSINESS OPERATIONS**

What year did this business start operating?

Type of Business

How many products/services does this business make/provides?

List main products/services this business makes/provides

**WHO ARE YOUR CUSTOMERS?**

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General Public					
Private Business					
Government					
Other( specify)					
<b>SECTION D</b>		<b>FINANCIAL RECORDS</b>			
<b>Financial Year End</b>					
What was the business turnover for the past Year?					
What was the business monthly turnover for the past year? (Specify Amount)					
<b>Month 1</b>	<b>Month 2</b>	<b>Month 3</b>	<b>Month 4</b>	<b>Month 5</b>	<b>Month 6</b>
<b>Month 7</b>	<b>Month 8</b>	<b>Month 9</b>	<b>Month 10</b>	<b>Month 11</b>	<b>Month 12</b>
<b>SECTION E</b>		<b>REQUIRED INTERVENTION/S</b>			
Has your product being tested?					
If Yes, What was the Outcome					
<b>Indicate the type of Intervention Required</b>		<b>Brief description of Intervention and Cost</b>			
SABS Product Quality Management System / Trade Mark / Stamp					
<b>SECTION F</b>		<b>MOTIVATION FOR INCENTIVE</b>			
<b>SECTION G</b>		<b>DOCUMENTS CHECKLIST</b>			
<b>DOCUMENT TYPE - PLEASE ATTACH</b>		<b>Please Tick Appropriate Box</b>			
FICA Compliant					

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Businesses in the Manufacturing Sector Only	
Limpopo Based Enterprises – Owned and Managed by Limpopo Residents	
Apply for a Minimum of R50 000.00 to a Maximum of R100 000.00	
Compliant to Business Statutory Requirement (CIPC, SARS, BBBEE, Permits, etc.)	
Business in Operation for a Period of 06 Months and above	
Have a Business Bank Account with 03 Months Bank Statements	
Financial Statements or Management Account	
Business Plan, Funding Proposal or Business Case	
Credible Quotations from SABS	
Sole Traders must be Tax Compliant	
Targeting Township and Rural Based Enterprises	
DOMICILIUM DECLARATION Indicate your <i>domicilium citandi et executandi</i> for the serving of legal documents and other notices (physical address of the facility)	
<b>Declaration</b>	I hereby declare that the information in this application is a fair and true reflection of my intended project and that all relevant information has been disclosed. I am aware of the fact that the information which I have submitted above will have a material bearing on the adjudication process and if it, therefore, subsequently transpires that any information in the application and addenda was not correct, or that certain information was omitted, LEDA shall be entitled to withdraw or amend its approval and without prejudice to its

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	rights, to recover any amounts already paid or to withhold any further payments due.
	This application (with any addenda), if successful, will form part of your contract with LEDA
	If at a later stage it transpires that information is not correct, the applicant will be held solely responsible for misrepresentation and legal action may be instituted.
SIGNED	
CAPACITY	
NAME IN PRINT	
DATE	
FOR OFFICE USE ONLY	
Name of recipient	
Date of receipts	
Application Number <i>(as per the register)</i>	

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