



BUSINESS INCUBATION APPLICATION FORM (2021/2023)

LEDA BRANCH.....

1. SECTION A: BUSINESS DETAILS:

Business Name														
Form of Business Ownership & Registration Number	Form of Business Ownership													
	Cc	(Pty) Ltd	Sole Trader	Co-operative	Not Registered									
	Registration Number: <i>(attach registration Certificate)</i>													
Sector & Service/ Product	Sector (Please tick)													
	Agriculture	Manufacturing	Service	Green economy	ICT	Mining								
	Service/Product <i>(elaborate)</i>													
Contact Details	Physical Address:													
	Postal Address:													
	Fax:						Tel / Cell:							
	Email address:													
Area of Operation	District Municipality:													
	Local Municipality:													
	Village/Township Area:													
	Street Address:													
Compliance	Compliance Certificate Name				Compliance Certificate Number				Other: Specify					
Members Details	Full Names			Ownership %			Gender							
							M	D	Y	D				

SECTION 2: OPERATIONS				
When did your business start operating?				
Operational premises	Owned IN THE FUTURE		Rented	
Are you in charge of the business' daily operations?	YES		NO	
Do you keep basic business records?	YES		NO	
Financial Management:	YES		NO	
Do you have a bank account? <i>(If Yes, please attach proof)</i>				
Monthly turnover?	R			
Current value of assets?	R			
Have you ever participated on any business developmental programme/ Incubation programme	YES		NO	
Human Resources/Staffing				
How many employees do you have?	Male	Female	Youth	Disability
Business skills acquired.				

Motivation why LEDA should incubate your business.

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Applicant Full Names.....

Signature.....

Date.....