

Spaza Shop Support Facility	
1. Applicant information (owner manager)	
First name(s)	
Surname	
Identification Number	
Municipal trading licence number/permit number	
Cell phone number	
Email address	
Physical address	
Postal address	
Local Municipality	
District	
Province	
SMME Database registration number	
2. Financials	
<ul style="list-style-type: none"> ▪ Attach copy of 3 months' bank statement or proof of banking and/ or log book of owner (proof of business transactions) 	
3. Staffing	
Name	ID Number
4. List of Documents (upload/submit with application pack. All compulsory identification and compliance documents must be submitted before the application is processed)	
<ul style="list-style-type: none"> ▪ ID Copy of Owner ▪ 3 months Bank Statements/Proof of banking ▪ Company Statutory Documents: <ul style="list-style-type: none"> ○ CIPC ○ SARS ▪ UIF ▪ CSD (optional) ▪ Membership Bodies (optional) 	

5. Undertakings

- Comply with the Consumer and Customer Protection and National Disaster Management Regulations and Directions
- Comply with Health and Occupational Health and Safety Standards
- Submit Management Accounts (to be assisted by government)
- The Owner will not sublet and/ or transfer the ownership of the spaza shop.

6. Signature

I, _____, confirm that I will adhere to the above undertakings and hereby declare that the information provided herein is accurate. I accept that the application will be nullified should the information be found to be incorrect.

Signature:

Date:

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Note:

Application form must be submitted at nearest participating Bank.