

**UMZIMVUBU 2022/23
WOOL PRESSER BENFICIARY PROGRAMME
APPLICATION FORM.**

**CALL FOR APPLICATIONS TO PARTICIPATE IN THE WOOL PRESSER
BENFICIARY PROGRAMME.**

DEADLINE FOR RECEIPT OF APPLICATION 18 NOVEMBER 2022.

Application Form Submission (FOR OFFICE USE ONLY)						
Date	of		Submitted By		Signature	
submission			Received By		Signature	

Company/ Entity Name	
Local Municipality	
Village & Ward No	

1. ASSOCIATION NAME/ COMPANY/BUSINESS/ENTITY/FARMER'S DETAILS	
Association name	
Commodity name	
Legal Status (<i>i.e. Co-Operative</i>)	
Years In Operation	
Company Registration Number	
Tax Clearance No	
VAT Registration Number (<i>If Registered</i>)	

67 Church Street, Mt Ayliff, 4735
Tel: +27 (0)39 254 6000
Fax: +27 (0) 39 255 0167
Web : www.umzimvubu.gov.za



813 Main Street , Mount Frere
P/ Bag 9020, M t Frere , 5090
Tel: +27 (0)39 255 8500 /166
Fax: +27 (0) 39 255 0167

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Contact Person	
Tell Number	
Cell Number (01)	
Cell Number (02)	
Email Address	
Business Address	

2. COMPANY INFORMATION

2.1 Total number of registered business members: _____

2.1.1 Total number of livestock : _____

Male	Female	Youth	Disabled	Members not in the certificate

2.2 Objectives Of The Company

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2.3 Does the Association owns the land for future development and how many hectares?

2.4 Does the entity have market for the produced wool product?

2.5 Total number of employment opportunities created.

Type of employment	Male	Female	Youth	Disabled	Total
Short- Term Jobs					
Seasonal/ Temporal jobs					
Permanent Jobs					

2.6 Number of livestock (Sheep production), number of wool tons and amount generated. (Attach spread sheet for 3 years on the application)

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Total of sheep	Commodities	
	Number of wool tons	Amount generated

2.7 Does the entity have the Shearing shed? Mark X on Yes or No.

Yes:

No:

2.8 State or list other available equipment of the Association for sheep wool production?

2.9 Does the company currently have a loan or grant with any institution?

YES

NO

If, yes please provide details of the loan or grant.

2.10 Previous support received from the municipality, government and private institutions.

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INSTITUTION	TYPE OF SUPPORT	YEAR

2.11 Training previously received by Association or Cooperative members.

Institution	Type Of Training	Year	No. Of People Trained

2.12 Association or Cooperative Members

Association or Cooperative Members	Role And Contribution	Contact No

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3. DECLARATION

I, The undersigned (Name and Surname)

Declare that the information furnished on this application form is valid and correct. I accept that the Municipality may act against me should this certification be false.

SIGNATURE

DATE

POSITION