EPHRAIM MOGALE LOCAL MUNICIPALITY

APPLICATION FORM FOR LED PROJECTS FUNDING 2025/2026

(i). QUALIFICATION CRITERIA

The following are types of legal entities and/or organizations eligible for funding:

- Primary Cooperatives
- Closed Corporations
- Private Companies (PTY LTD)
- In order to be eligible, more than 50% of beneficiaries needs to be based in Ephraim Mogale Local Municipality and have a credible business plan/proposal

(ii). ATTACHMENTS

- Complete an application form (to be collected from LED office)
- Valid ID of the Applicant/s
- Proof of company registration
- Business plan/proposal
- CSD compliant & SARS Documents
- Constitution (where applicable)
- Business Registration certificate in terms of LIBRA & Health Inspection Certificate
- Proof of residence/Lease/Rental agreement exceeding 12 months tittle deed
- Land ownership or right to use (where applicable)
- Proposals/Plans/Designs/Specifications
- Three Quotations from different suppliers for the cost items and 6 months bank statement
- Proof of land ownership or right of use (where applicable)
- Legislative approvals where applicable(EIA,SABS, Water Use License ,Soil/ Water Test Result)

A. COMPANY DETAILS			
CIPC Registered Name			
Trading Name			
Type of Business		**Industry (Sector)**	
Registration Number		**Registration Date**	
Telephone Number		**Fax Number**	
E-mail Address		**Tax Reference Number**	
VAT Registration Number		**Village/Area**	
Physical Address		**Ward No.**	
Postal Address		**Postal Code**	
Is the company currently active?	Yes ☐	No ☐	
Period in Business (Years)			
New jobs expected to be created			
Number of Current Employees			

B. CONTACT PERSON/COMPANY REPRESENTATIVE				
Title(Mr/Ms)	**Surname**		**First Name(s)**	
Contact Number(s)	**Cell:**	**Tel:( )**	**Fax:( )**	
Email				

C. COMPANY BRIEF BACKROUND INFORMATION (Core business)

D. DETAILS OF GOODS / SERVICES REQUIRED(must be supported by quotations)		
DESCRIPTION	**QUANTITY**	**ESTIMATED COST**

E. REFERENNCES(Please Attach Bank Statement)

Name of Bank	
Branch	
Type of Account	
Account Number	
Period of existence	

F. DECLARATION AND CONSENT

I/We, the undersigned declare that the information provided in this application form is to the best of my/our knowledge true and complete. I/We also understand that any wilful misrepresentation of the information in this application form will disqualify my/our application and may lead to legal action against me/us including the laying of criminal charges me/us as well as against the entity I/we represent for furnishing false statement or information to the Ephraim Mogale local municipality.

I/We hereby grant Ephraim Mogale Local Municipality consent to perform an entity/personal search and check on my/our records with any other party (e.g. ward councillors or government agency) relating to this applications.

I/We further authorize Ephraim Mogale Local Municipality to disclose my/our personal information to these parties to obtain the information they require and acknowledge that Ephraim Mogale Local Municipality will never disclose more information than they are required to.

Surname:_____ Full Names(s)_____,

Designation:_____ Signature:_____,

Place:_____ Date:_____