



CRAVEN STREET FLEA MARKET INCUBATION APPLICATION FORM 2024

NB: Should your FORM not be completed in full your APPLICATION will be rejected. Information in this APPLICATION received will be treated confidential.

COMPLETED BY: _____
Full name and Surname

DESIGNATION: _____

DATE: _____

IMPORTANT NOTES: PLEASE READ CAREFULLY

- To be completed by **all interested SMMEs, Entrepreneurs and Informal Traders** responding to the call for applications for office space or seeking to be an incubate in the Galeshewe SMME Village Incubation Support Programme;
- The application must be completed in **full, be signed and supplied with required supporting documents**;
- A **company profile** must accompany this Galeshewe SMME Village incubation application form;
- for the application form – all fields on application form **MUST** be completed by applicant;
- Applicants must be willing to contribute towards subsidized **monthly rental fees**.
- It should be noted that the Galeshewe SMME Village (**GSV**) reserves the right to accept or reject any application **without being obliged to give any reasons** in this respect;
- Applicants will **be notified** whether application was accepted or not but will be advised upon received application;
- Applicant must comply with all the information - **failure** to do so will result in the application being rejected.
- **Email** completed application to smathebula@solplaatje.org.za or facilitymanager@galeshewesmmevillage or hand deliver your completed application enclosed in an enveloped at the *Galeshewe SMME Village, Cnr Tyala & Hulana Street, Galeshewe, Kimberley, 8345.*

Attached the following:

- ID Copy of Director(s)
- Valid original Tax Clearance Certificate
- Bank Confirmation Letter
- Copy of Company Registration Certificate (CC or Pty Ltd)
- Company PROFILE
- A copy of the last financial statements where applicable
- Copies of SABS or any other rating or accreditation certificates where applicable.

APPLICANT DETAILS

Registered Name of the company:

Trading name of the company:

Company/ Close Corporation
Registration Number:

Tax Registration Number:

Income Tax Reference Number:

Telephone Number:

Fax Number:

Web Address:

E-mail Address:

Name of Contact Person:

Contact numbers Cell:

Residential Address:

Postal Address:

Web Address:

E-mail Address:

TYPE OF FIRM (Please ✓ the relevant box or boxes)

- Public Company (Ltd)**
- Private Company (Pty) Ltd**
- Closed Corporation (CC)**
- Sole Proprietor**
- Partnership**
- Trust**
- Section 21 Company**
- Government/ Parastatals**
- Joint Venture**
- Consortium**
- Other, (Specify)**

BUSINESS SECTOR (Please ✓ the relevant box or boxes)

- Agriculture**
- Mining and Quarrying**
- Manufacturing**
- Electricity, Gas and Water**
- Construction**
- Retail and Motor trade**
- Wholesale trade, commercial and other trade**
- Catering, accommodation and other**
- Transport, storage and other trade**
- Communications**
- Finance and Business Services**

- Repair/Allied Services**
- Commercial Agents**
- Community and Social Services**
- Personal Services**
- Other, (Specify).....**

SMALL, MEDIUM, MICRO ENTERPRISE (SMME) STATUS (Please ✓ the relevant box)

- Micro**
- Very Small**
- Small**
- Medium**
- Large**

TOTAL NUMBER OF EMPLOYEES (Please ✓ the relevant box and state the number)

- Full Time** **Number:**
- Part Time** **Number:**

LIST ALL PARTNERS, PROPRIETORS & SHAREHOLDERS AS INDICATED BELOW (COMPULSORY)

NAME AND SURNAME	IDENTITY NUMBER	CITIZENSHIP	DATE OF OWNERSHIP	% OF OWNERSHIP	SPECIFY SATUS IF HDI, WOMEN, OR DISABLED	% VOTING (In decision Making)

GENERAL

Briefly describe your business, its products/services and market?

Business:

Products/Services:

Market:

State the reason(s) why you are seeking office space at the Galeshewe SMME Village?

How much money have you already invested in the business?

Do you currently have the following: (Answer yes or no)

Business Plan:

Require Business Permits and Licensing:

Market Feasibility and Market Study:

Latest financial information of business:

I/We the applicant undersigned acknowledge(s) that:

- The information furnished is true and correct
- The Equity Ownership claimed is in accordance with the General Conditions
- Any conflict of interest should be declared in writing
- Applicant understands that GSV will retain this application and information
- Completing this form does not guarantee office space

NAME AND SURNAME

SIGNATURE
(DULY AUTHORISED TO SIGN)

ON BEHALF OF
(Name of Company/Organization)

DATE