



agriculture

Department:
Agriculture
PROVINCE OF THE EASTERN CAPE

APPLICATION FOR SUPPORT - HOME INDUSTRY SERVICES 2026/27 FINANCIAL YEAR

PART A: APPLICANT DETAILS

| | | | | | | | | | | | | | |
|--|------------------------------|--|--|--|--|--|--|--|--|--|--|-------------|--|
| SURNAME AND INITIALS OF APPLICANT/ CHAIRPERSON OF THE GROUP | | | | | | | | | | | | | |
| ID No. OF APPLICANT/ CHAIRPERSON OF THE GROUP | | | | | | | | | | | | | |
| RESIDENTIAL ADDRESS | UNIT No. | | | | | | | | | | | | |
| | STREET NAME / VILLAGE | | | | | | | | | | | | |
| | TOWN/ SERVICE CENTRE | | | | | | | | | | | CODE | |
| POSTAL ADDRESS (if different from residential address) | P O BOX No. | | | | | | | | | | | | |
| | TOWN | | | | | | | | | | | CODE | |
| CONTACT DETAILS | TEL No/s./ CELL No/s. | | | | | | | | | | | | |
| | FAX No. | | | | | | | | | | | | |
| | E-MAIL ADDRESS | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

PART B: PROJECT DETAILS

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|---|--|--|--|-----------------------------|--|
| ENTERPRISE TRADING NAME | | | | | |
| ENTERPRISE REGISTERED NAME (if different from trading name) | | | | | |
| ARE YOU A REGISTERED ENTITY | YES (mark with an X) | | | NO (mark with an X) | |
| | TYPE OF ENTITY (if yes) | | | | |
| | REGISTRATION NUMBER (if yes) (Attach a Business Certificate) | | | | |
| ARE YOU REGISTERED ON THE TREASURY CENTRAL SUPPLIER DATABASE (CSD) | YES (mark with an X) | | | NO (mark with an X) | |
| | CSD NUMBER (if yes) | | | | |
| LOGIS NUMBER (if registered on CSD) | | | | | |



| | | | | | |
|--|--|------------------------------|-----------------|----------------------|--|
| ARE YOU REGISTERED ON THE NATIONAL DEPARTMENT OF SMALL BUSINESS DEVELOPMENT DATABASE | | YES (mark with an X) | | NO (mark with an X) | |
| | | REGISTRATION NUMBER (if yes) | | | |
| DISTRICT MUNICIPALITY | | | LOCAL MUNICIPAL | | |
| TOWN/ BUSINESS CENTRES | | | WARD NO | | |

| TOTAL NUMBER OF BENEFICIARIES (please attach the list and certified copies of ID's of ALL beneficiaries) | | | | | | | | | | | |
|--|--------|--|-------|--------|--|------------|--------|--|---------------------------------------|--------|--|
| ADULT | MALE | | YOUTH | MALE | | DISABILITY | MALE | | MILITARY VETERANS / BENEFICIARY OF MV | MALE | |
| | FEMALE | | | FEMALE | | | FEMALE | | | FEMALE | |

| PART C: TYPE OF COMMODITY AND SUPPORT REQUIRED | | |
|--|----------------|--|
| COMMODITY | MARK WITH AN X | INFORMATION REQUIRED |
| CLOTHING AND TEXTILE | | SUPPORT REQUESTED |
| | | |
| | | |
| | | WHAT IS YOUR EXPERIENCE IN CLOTHING AND TEXTILE? |
| | | |
| | | |

| FOR OFFICE USE ONLY COMMENTS BY CO-ORDINATOR : | | |
|---|--|------------------------------------|
| RURAL/SMALL-SCALE BAKERY | | SUPPORT REQUESTED |
| | | |
| | | |
| | | WHAT IS YOUR EXPERIENCE IN BAKING? |
| | | |
| | | |

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|--|
| FOR OFFICE USE ONLY COMMENTS BY CO-ORDINATOR: |
|--|



| | | |
|-------|--|-----------------------------------|
| OTHER | | SUPPORT REQUESTED |
| | | |
| | | |
| | | WHAT IS YOUR EXPERIENCE IN OTHER? |
| | | |

FOR OFFICE USE ONLY
COMMENTS BY CO-ORDINATOR:

| | | | |
|--|-------------------------------|---|---------------|
| TRAINING SKILLS POSSESSED IN RESPECT TO THE SUPPORT REQUIRED | YES (mark with an X) | TYPE OF TRAINING RECEIVED _____ HOW LONG DID IT TAKE PLACE _____ NAME OF PROVIDER _____ | |
| | NO (mark with an X) | | |
| SUPPORT RECEIVED FROM GOVERNMENT/ NGO/ NPO/ PRIVATE SECTOR AND OTHER: | YES (mark with an X) | SUPPORT RECEIVED FROM (if support was received) | YEAR RECEIVED |
| | | | |
| | NO (mark with an X) | TYPE OF SUPPORT | |
| | | | |

| | | | |
|--|----------------------|-----------|------|
| WE, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION, FACTS AND REPRESENTATIONS GIVEN ABOVE ARE TRUE AND CORRECT. | | | |
| SIGNATORIES | SURNAME AND INITIALS | SIGNATURE | DATE |
| APPLICANT / CHAIRPERSON OF GROUP | | | |
| EXTENSION OFFICER | | | |
| CONTROL TECHNICIAN | | | |

| | |
|----------------------------------|-----------------------------|
| FOR OFFICE USE: | RECOMMENDATION AND APPROVAL |
| ENTERPRISE REF No. (Head Office) | |
| ENTERPRISE NAME | |
| LOCAL MUNICIPALITY | |
| DISTRICT | |



RECOMMENDED/ NOT RECOMMENDED

Chairperson of LM Screening Committee (Manager
Coordination) Date: _____

RECOMMENDED/ NOT RECOMMENDED

Chairperson of District Screening Committee (District
Director) Date: _____

APPROVED/ NOT APPROVED

Chairperson of Provincial Steering Committee
Date: _____

| CHECK LIST | | |
|------------|---|------------------------|
| No. | ITEM | MARK WITH AN X OR TICK |
| 1. | LIST OF BENEFICIARIES | |
| 2. | CERTIFIED ID COPIES OF BENEFICIARIES | |
| 3. | PROFILE | |
| 4. | BUSINESS REGISTRATION CERTIFICATE (if registered) | |
| 5. | VERIFICATION REPORT (with dated pictures) | |



ENQUIRIES CAN BE DIRECTED TO THE FOLLOWING OFFICIALS:

| TITLE | CONTACT PERSON | DISTRICT MUNICIPALITY | CONTACT NO | EMAIL |
|--------------|-----------------------|------------------------------|-------------------|--|
| Ms | N. Msutu | Head Office | 082 771 7246 | Nonkoliseko.Nkaitshana@ecagriculture.gov.za |
| Mr | T. Valashiya | Alfred Nzo | 083 845 2584 | Thanduxolo.Valashiya@ecagriculture.gov.za |
| Ms | N. Solani | Amathole | 083 459 1637 | Noncedo.Solani@ecagriculture.gov.za noncedosolani@gmail.com |
| Ms | A.Makhalima | Chris Hani | 083 567 0496 | Annelisa.Makhalima@ecagriculture.gov.za |
| Ms | N. Phethoha | Joe Gqabi | 082 941 0605 | Nthabeleng.Phethoha@ecagriculture.gov.za |
| Ms | P. Ntliziyombi | OR Tambo | 079 500 2319 | Phumla.Ntliziyombi@ecagriculture.gov.za |
| Ms | F. Gatya | Western District | 060 549 9285 | Felicia.Gatya@ecagriculture.gov.za |
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