



BENEFICIARY APPLICATION FORM

DATE OF APPLICATION		APPLICANT NAME		LEGAL ENTITY			BUSINESS SECTOR
				(PTY)LTD	CO-OP	SP	

GENERAL INFORMATION

NAME OF BUSINESS		TRADING NAME		BUSINESS REG. NO		YEAR ESTABLISHED	
TAX NO.		VAT NO. <i>if applicable</i>		UIF NO. <i>if applicable</i>			
BUSINESS CONTACT DETAILS		TELEPHONE		CELL NO.		EMAIL ADDRESS	
						WEBSITE <i>if applicable</i>	

BUSINESS INFORMATION

BUSINESS DESCRIPTION		SUB- SECTOR		YEAR REGISTERED		B-BBE LEVEL	
SHAREHOLDING		WOMEN %		YOUTH%		DISABLED %	
PRODUCTS / SERVICES							
BUSINESS CONTACT PERSON	NAME & SURNAME		CELL NO.		EMAIL ADDRESS		Designation
BUSINESS PHYSICAL ADDRESS		DISTRICT MUNICIPALITY		LOCAL MUNICIPALITY			
DIRECTORS /MEMBERS INFORMATION MAX 5	NAME & SURNAME	ID NUMBER	RACE	CONTACT DETAILS			

REQUIREMENTS CHECK LIST (TICK APPLICABLE)

REQUIREMENTS	YES	NO
Located within Kouga Local Municipality		
51% Black Owned Business		
Registered Business (Legal Entity)		
Valid B-BBEE Certificate		
Valid Tax Pin		
Active Bank Account		
Operating for +- 1 Year		
Business Profile / Business Plan		
Company Financial Statements if applicable		

Attach your motivation for you to be considered.
Send it via email to admin@ppesa.co.za

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