

APPLICATION FORM – GRANT STOCK

Contact us on

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1.Stock Grant	
Grant Funding as per the quota	ation R
1.2 How was your area/shop a	affected by unrest/looting? ————————————————————————————————————
2. Business Information	
Name of the owner/leaser:	
Proof of owner's address:	
ID No:	
21 Type of business (Spaza ,G	eneral dealer, supermarket, tuckshop):
3. Applicant business Particula	nrs
3.1 Business entity Name:	
3.2 Trading Name:	
3.3 Number of years trading:	
3.7 Telephone or Cell No:	
3.8 Email Address:	
4. The applicant should provide	an affidavit from SAPS stating that he/she owns or leasing the
	at he understand the ramification of misrepresenting himself.
•	a stamped letter by the ward councillor or traditional leader as a

confirmation of the shop in the ward or traditional council territory.



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Inventory requirements (official quotation from the Bulk buying must beattached)

Description of stock	Unit price	Quantity	Total

Declaration
I (full name) confirm the accuracy of the particulars herein given and agree that they form the basis upon which the application is to be considered and that any discrepancy subsequently discovered may result in the withdrawal of the grant offer.