


SENQU LOCAL MUNICIPALITY
MSME DEVELOPMENT FUND APPLICATION FORM 2026/27
OPERATIONAL BUSINESS – R50 000
SECTION A: APPLICATION DETAILS

Name(s) of Applicant/Business Owner	
Identity Number	
Mobile Number	
Email Address	
Ward	
Business Name	
CIPC Registration Number	
Sector	
Services/Products Offered	

SECTION B: BUSINESS INFORMATION

(1) When and why did you establish the business?

(2) Where is the business operating from? Do you have proof of ownership, lease agreement or title deed?

(3) Who are your main clients/customers?

(4.1) How many employees have you currently hired?

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(4.2) How many employees are Senqu residents?

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(4.3) How many employees do you have potential to hire post the funding?

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(5) How do you market your business/ attract new clients/customers?

What are the main services/products offered by the business?

SECTION C: FINANCIAL INFORMATION

(1) Business Bank Account Bank Name:	
(2) Total Income generated 2025- 2026 (12 months)	
• Total Sales	
• Additional Income (if applicable)	
(3) Total Expenses generated 2025 -2026 (12 months)	
• Rent/ Levies	
• Salaries	
• Electricity & Water	
• Stock / Equipment	
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(4) Business Profit generated 2025 – 2026 (12 months)	

SECTION D: TRAININGS AND CONSENT REQUIRED
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Which Business Training is required for the business e.g. Financial Management etc	
DO YOU CONSENT TO SENQU LM MONITORING YOUR BUSINESS FOR A PERIOD OF 3 YEARS UPON RECEIVING THE REQUESTED FUNDING?	
YES <input style="width: 40px; height: 20px; border: 1px solid green;" type="checkbox"/>	NO <input style="width: 40px; height: 20px; border: 1px solid green;" type="checkbox"/>

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REQUIRED DOCUMENTS CHECKLIST		
ITEM	YES	NO
CERTIFIED ID COPY		
PROOF OF ADDRESS		
CIPC BUSINESS REGISTRATION CERTIFICATE		
BUSINESS LICENSE (Spaza Shops, Catering, Entertainment, Accommodation, Gyms)		
VALID SARS TAX CERTIFICATE		
BUSINESS PLAN		
PROOF OF OWNERSHIP		
MBD 4 DECLARATION FORM		
LATEST MUNICIPAL RATES ACCOUNT (IF APPLICABLE) If Business is owing 60+ Days kindly submit Acknowledgement of Debt Form		

Name & Surname of Applicant	
Date of Submission	
Signature	