**SME DISCRETIONARY GRANT 22/23**

APPLICATION FORM FOR BULK APPLICATIONS

**IMPORTANT NOTICE:** **ONLY** Subsidiary Companies / Branches / Stores / Franchises / Members that apply through their Holding Companies / Associations should complete this form. A single contract combining the numbers of participating companies / members will be issued to the Holding Company / Association.

1. **COMPANY DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company SDL / X / N or Registration Number** | | |  | | |
| **Company Registered Name** | | |  | | |
| **Company Trading Name** | | |  | | |
| **Name of Holding Company or Association** | | |  | | |
| **Holding Company / Association Contact Details** | **Name:** |  | | **E-mail:** |  |
| **Tel:** |  | | **Cell:** |  |
| **SLO/SDF Contact Details**  *(if applicable)* | **Name:** |  | | **E-mail:** |  |
| **Tel:** |  | | **Cell:** |  |
| **Training Provider Contact Details** | **Name:** |  | | **E-mail:** |  |
| **Tel:** |  | | **Cell:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Province where company is located** *(tick relevant Box)* | **EC** |  | **FS** |  | **GPN** |  | **GPS** |  | **KZN** |  | **LP** |  | **MP** |  | **NC** |  | **NW** |  | **WC** |  |

1. **SIGNATURES**

|  |  |  |
| --- | --- | --- |
| **Company SDL / X / N or Registration Number** | |  |
| **Company Registered Name** |  | |
| **Company Trading Name** |  | |

**STAKEHOLDER (company)**

Company Stamp (if Applicable)

**cOMPANY REPRESENTATIVE**

FULL NameS:

DESIGNATION/CAPACITY:

SIGNATURE:

DATE **/ /**

**w&rseta**

W&RSETA Stamp (if Applicable)

**W&RSETA Representative**

Full Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESIGNATION/CAPACITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_ **/**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **/**\_\_\_\_\_\_\_\_\_\_\_\_\_\_