

THE MSUNDUZI MUNICIPALITY

DEVELOPMENT SERVICES

BUSINESS INVESTMENT INCENTIVES APPLICATION FORM 2021/22

SECTION A: QUALIFYING CRITERIA

1. EXPANSION	YES	NO
Is your business expanding?		
Is your business creating >10 jobs?		
Is this a CBD regenerating project?		
Is your business on city beautification		
Is your business new in the city?		
2. SPATIAL		
1. Waiver of 100% on Building Plans Fees		
2. 100% on Town Planning Application		
3. Waiver of 100% on Business Licensing Fees		
4. 10 – 30% concession on Electricity connection	on	
5. 100% on Rates Rebates		
6. Waiver of 25% on water and sanitation conr	nection	

SECTION A: ELEGIBILTY CRITERIA

1.	New Business	New investor/business in the city to create new job opportunities and city's economic development.
2.	City Beautification	CBD regeneration projects, green economy projects
3.	Business Expansion	Businesses reaching the point for growth and seeks out additional options to generate more job opportunities and more profits.
4.	July 2021 Unrest Business Rebuilding	Relief for businesses detrimentally affected by July 2021 civil unrest

SECTION B: APPLICANT INFORMATION

Name of Busir	iess:	
Registration N	umber:	
Registration D	ate:	
DETAILS OF TH	IE CONTACT PERSON:	
Title:		Name:
Cellphone:		Telephone:
Fax(if		Email Address:
any):		
BUSINESS CON	ITACT DETAILS:	
Physical Addre	255:	Postal Address
Street Name:		Address:
Suburb:		Suburb:
Province:		Province:
City/Town:		City/Town:
Code:		Code:
Landline:		Alternative
		No:

SECTION C: APPLICANT INFORMATION

Name & Surname: Director	Identity Document Number	Gender	Race	Youth
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SECTION D: BUSINESS OPERATIONS

In which sector does the Business Operate?			
Does the product/service need to be tested for compliance?		Yes	No
If Yes, please provide details of compliance:			
How many products/service does the business provide	e?		
DOES THE THREE MAIN PRODUCTS/SERVICES			
Products/Service	Com	npeting Products/	Service

SECTION E: EMPLOYMENT INFORMATION

HOW MANY EMPLOYEES DOES THE BUSINESS CURRENTLY HAVE ALL POPULATION GROUPS		
Total Number of Employees:		
Population Groups		
Gender : Male		
Gender: Female		
Age < 35 years		
Age:> 35 years		
Disable/Physical Impaired		

SECTION F: FINANCIAL INFORMATION

Financial Year End: INDICATE THE BUSINESS ANNUAL TURNOVER FOR 3 FINANCIAL YEARS/PERIODS			
Period before current year	1 st Year Projected Annual	2 nd Year Projected Annual	
end	Turnover	Turnover	
Period before current year	1 st Year Projected Annual	2 nd Year Projected Annual	
end	Turnover	Turnover	

SECTION G: ACTIVITIES APPLIED FOR ASSISTANCE THE COMPANY APPLYING FOR?)

Activities	Cost of Activity	Applicant Contribution

Name of Organization	Types of support	Date Received

SECTION H: OTHER SOURCES OF SUPPORTED RECEIVED

SECTION I: ACTIVITIES APPLIED/DECLARATION

I/We hereby declare that the information in this application is a fair and true reflection of our intended project. I am aware of the fact that the information which we have submitted above will have a material bearing on the adjudication of the application and if it therefore subsequently appears that any information in the application with addendum was not correct, or that certain information was omitted, the Development Facilitation Committee shall be entitled to withdraw or amend its approval and without prejudice to its rights, recover any amounts already paid to withhold further incentives due. I/We declare that I/We authorized to make this application and I/We have read and accept the terms and conditions listed in the guidelines. I/We authorize the Municipality to make any enquiries in accordance with your procedures in connection with this application.

Name of Authorized Official:	
Designation (Job Title/Role):	
Signature:	
Date:	

After completing this form please return it to the Development Services, Business Development Section

CHECKLIST	
Remember to provide copies of the following supporting documents:	
Latest B-BBEE Certificate/Affidavit	
Audited financials/Annual Reports/Strategy	
Verification of staff complement: Payroll/UIF/SARS/Dept	
of Labour/etc	
Latest Msunduzi Municipality services account	
Lease Agreement (if applicable)	
Title Deed if applicable	
Owner/CEO ID Copy	

Email address: Mandisa.Gabuza@msunduzi.gov.za

Physical Address:

Postal Address:

Professor Nyembezi Centre, 9th Floor 341 Church Street Pietermaritzburg 3201 Private Bag X321 Pietermaritzburg 3200

For enquiries: please call 033 392 3757 or email Mandisa.Gabuza@msunduzi.gov.za