



Msunduzi Municipality

SUSTAINABLE DEVELOPMENT & CITY ENTERPRISES

Development Services

Msunduzi Municipal Business Incentives Application Form

SECTION A: QUALIFYING CRITERIA

	<i>Mark with an X</i>	
1. EXPANSION	YES	NO
Is your business expanding?		
Is your business creating >10 jobs?		
Is this a CBD regenerating project?		
Is your business allocated in the manufacturing sector?		
Is your business new in the city?		
2. SPATIAL		
1. Waiver of 80% on Building Plans Fees		
2. 70% on Town Planning Application		
3. Waiver of 80% on Business Licensing Fees		
4. 25% concession on Electricity connection		
5. Waiver of 25% on water and sanitation connection		

SECTION A: ELEGIBILITY CRITERIA

1. New Business	New investor/business in the city to create new job opportunities and city's economic development.
2. Business Expansion	Businesses reaching the point for growth and seeks out additional options to generate more job opportunities and more profits.
3. Revenue collection	The investment must be a sector which enhances the value-added production capacity in Msunduzi Municipal jurisdiction.

4. Industrial	The proposed investment (except where otherwise stated in the priority sector list) should be allocated in the manufacturing sector).
5. Job employment	The investment must create new and sustainable full time employment opportunities to be eligible for an incentive package (more than 10 jobs).

SECTION B: APPLICANT INFORMATION

Name of Business:			
Registration Number:			
Registration Date:			
DETAILS OF THE CONTACT PERSON:			
Title:		Name:	
Cellphone:		Telephone:	
Fax(if any):		Email Address:	
BUSINESS CONTACT DETAILS:			
<i>Physical Address:</i>		<i>Postal Address</i>	
Street Name:		Address:	
Suburb:		Suburb:	
Province:		Province:	
City/Town:		City/Town:	
Code:		Code:	
Landline:		Alternative No:	

SECTION C: APPLICANT INFORMATION

Name & Surname:	Identity Document Number	Gender	Race	Youth

Director				

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?			
IDENTIFY THE MAIN THREE PRODUCTS/SERVICES			
Products/Service		Competing 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 end	1 st Year Projected Annual Turnover	2 nd Year Projected Annual Turnover

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

Activities	Cost of Activity	Applicant Contribution

SECTION H: OTHER SOURCES OF SUPPORT RECEIVED

Name of Organization	Types of support	Date 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:

Professor Nyembezi Centre, 9th Floor
341 Church Street
Pietermaritzburg
3201

Postal Address:

Private Bag X321
Pietermaritzburg
3200

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