



# SMME STRATEGY APPLICATION FORM

## SECTION A: COMPANY DETAILS

Company Name					SARS SDL Number	L	7														
					Company Registration No																
Company is	<b>SMME</b> 49 or less employees <input type="checkbox"/>	<b>NPO</b> Registered as <input type="checkbox"/>	<b>NGO</b> Registered as <input type="checkbox"/>	<b>NLPE</b> Exempt from paying levies <input type="checkbox"/>																	
To which Chamber does your company belong?	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Freight Handling	<input type="checkbox"/> Forwarding & Clearing	<input type="checkbox"/> Maritime	<input type="checkbox"/> Taxi																
	<input type="checkbox"/> Road Freight	<input type="checkbox"/> Road Passenger	<input type="checkbox"/> Rail	<input type="checkbox"/> Do not know																	
Please indicate your BEE status?	DTI Compliance (turn over under 5 million / B-BBEE recognition status of Level 4)																				
	Black Ownership Percentage (25.1%)																				
	SMME / BEE certification (Empowerdex, Khula, SEDA)																				
Physical Address					Postal Address																
Number of employees	M	F	D	This indicates that a total of 3 people are employed of which 1 is disabled	African	M	F	D	Coloured	M	F	D	White	M	F	D	Indian	M	F	D	<b>TOTAL</b>
<i>example:</i>	2	1	1																		

### TETA CHAMBER USE:

APPROVED <input type="checkbox"/>	REJECTED <input type="checkbox"/>	Reason: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	NSDS Indicator/s:	2.2	
Chamber EO: _____				2.5	
				3.2	
Signature: _____	Date: _____	Value Approved: R _____			

### CONTACT PERSON IN ORGANISATION

Name & Surname		Cell Number	
Position in company		Telephone	Fax
ID Number		Email Address	

**SKILLS DEVELOPMENT FACILITATOR (SDF) IF DIFFERENT FROM CONTACT PERSON**

Name & Surname		Cell Number	
Title	Employee <input type="checkbox"/> Consultant <input type="checkbox"/>	Telephone	Fax
ID Number		Email Address	

**SECTION B: TRAINING PRIORITIES**

Of the training requested below, please indicate the priorities:

1.	
2.	
3.	

**DECLARATION**

We, the undersigned, submit this information in fulfillment of this company's legal obligation in terms of the skills development legislation and regulations. We declare that, to the best of our knowledge, the information contained in this application is accurate and up to date. We recognise that any inaccurate statement in this document may constitute fraud and be subject to the full penalty of the law.

	EMPLOYER / OWNER	SKILLS DEVELOPMENT FACILITATOR (SDF) - if applicable
Name		
Position in Company		
Signature		
Date		

**SECTION C: TRAINING DETAILS**

TETA will support the training of managers, owners and employees of SMMEs within the transport sector. This section is to be completed should you wish to apply for such support.

