

# Winnie Madikizela-Mandela Local Municipality

Physical Address  
51 Winnie Madikizela  
Mandela Street  
Postal Address  
P O Box 12  
Bizana



Office of the Municipal  
Manager  
Tel: 039 251 0230  
Fax: 039 251 0917  
lmahlaka@mbizana.gov.za

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## **Application form 2024/25**

# **OCEANS ECONOMY DEVELOPMENT PROGRAMME**

NB: Deadline for receipt of applications is 16<sup>th</sup> August 2024 at 12H00.

\_\_\_\_\_  
(Company/ Project Name)

\_\_\_\_\_  
Village

\_\_\_\_\_  
Ward

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Alternative Contact Number

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with equal opportunity for all.*

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**1. Company Details:**

|     |  |  |
|-----|--|--|
| No. | Name of Company  |  |
| 1.  | Type of business entity (Coop, CC, (PTY) Ltd etc.)           |  |
| 2.  | How long has the company been in operation?                  |  |
| 3.  | Type of business entity (Ocean, aquaculture or fish farming) |  |
| 4.  | Company registration number                                  |  |
| 5.  | Tax Clearance number   |  |
| 6.  | Total number of registered members                           |  |
| 7.  | Contact number (01)  |  |
| 8.  | Contact number (02)  |  |
| 9.  | Email Address  |  |
| 10. | Business Address   |  |

**2. What are the objectives of the entity?**

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**3. Where will the fishing production take place? Mark with an X**

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| Ocean | Fish tanks | Dams | Rivers |
|-------|------------|------|--------|
|       |            |      |        |

4. Does the entity have fishing rights or permit?

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5. Does the entity have a market to sell their products? If yes where?

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6. Does the entity have a cold storage facility? If no state how the entity stores their products?

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7. Trainings acquired (Capacity building)

| Institution | Type of training | No of members trained | Year | Contact Person | Contact Number |
|-------------|------------------|-----------------------|------|----------------|----------------|
|             |                  |                       |      |                |                |
|             |                  |                       |      |                |                |
|             |                  |                       |      |                |                |

8. Does the entity require capacity building (Trainings)? If yes mark with an X

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|                 |                      |                            |                             |                                  |
|-----------------|----------------------|----------------------------|-----------------------------|----------------------------------|
| <b>Skippers</b> | <b>Safety at sea</b> | <b>Radio communication</b> | <b>Corporate governance</b> | <b>Basic business management</b> |
|                 |                      |                            |                             |                                  |

9. Declaration of Previous Funding Received from other institutions

| <b>Institution</b> | <b>Type of Support</b> | <b>Year</b> | <b>Contact Person</b> | <b>Contact Number</b> |
|--------------------|------------------------|-------------|-----------------------|-----------------------|
|                    |                        |             |                       |                       |
|                    |                        |             |                       |                       |
|                    |                        |             |                       |                       |
|                    |                        |             |                       |                       |

10. Balance sheet of enterprise/Project:

| <b>Assets</b>                           | <b>Specify</b> | <b>Estimated value</b> |
|---|----------------|------------------------|
| Fixed property (cold room, office etc.) |                |                        |
| Equipment                               |                |                        |
| Motor vehicle/ tractor                  |                |                        |
| Other(specify)                          |                |                        |
| <b>Total</b>                            |                | R                      |

11. State how the requested funds will be used and estimate value of each item

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12. Assumptions and Risks (provide your assessment of risks that can compromise the company's success, as well as your strategy for mitigation of the impact of such risks.)

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13. Provide a motivation on prospects for the sustainability of the company/project beyond funding by the Municipality. Indicate how the project will be financially sustainable.

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14. DECLARATION

I THE UNDERSIGNED (NAME) \_\_\_\_\_  
 CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS  
 CORRECT. I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME AND THE  
 ORGANIZATION I REPRESENT SHOULD THIS DECLARATION PROVE TO BE FALSE.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Date

15. Support document checklist (Please mark X)

|  |  |
|--|--|
| Completed application form with declaration                          |  |
| Registration certificate/ Ck   |  |
| Business Plan  |  |
| Valid original tax clearance   |  |
| Certified ID Copies of all members                                   |  |
| Proof of fishing rights or permit                                    |  |
| Three months company bank statement/Book keeping records             |  |
| Letter from ward councillor confirming existence of company/project. |  |
| Letter of intent (off-take agreement)                                |  |
| Supporting quotations  |  |

- **Submission of all required information does not guarantee approval of the fund.**
- **A decision made by Winnie Madikizela-Mandela Local Municipality will be binding with no obligation to enter any subsequent correspondence.**
- **It remains the responsibility of the applicant organization to submit the application on time at the Municipalities 'LED Offices (Closing date 16<sup>th</sup> August 2024 at 12H00). No late applications will be accepted.**

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