



RECONSTRUCTION FUND APPLICATION FORM

FORMAL BUSINESSES

1. APPLICANTS DETAILS

- a. TRADING NAME:.....
- b. COMPANY REGISTRATION NUMBER:.....
- c. CONTACT NUMBERS:.....
- d. PHYSICAL ADDRESS:.....
- e. NATURE/TYPE OF BUSINESS:.....

2. DETAILS OF DIRECTORS

- a. NAME:.....
- b. ID NUMBER:.....
- c. CONTACT NUMBER:..... GENDER: Male ☐ Female ☐
- d. NATIONALITY:.....

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- b. ID NUMBER:.....
- c. CONTACT NUMBER:..... GENDER: Male ☐ Female ☐
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- b. ID NUMBER:.....
- c. CONTACT NUMBER:..... GENDER: Male ☐ Female ☐
- d. NATIONALITY:.....

3. NATURE OF THE DAMAGE

INFRASTRUCTURE yes ☐ no ☐ **CAPITAL EQUIPMENT** yes ☐ no ☐

OTHER: *(Brief Description)*

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4. ESTIMATED DAMAGES COSTS: *(supported by detailed schedule – Annexure 1)*

- a. AMOUNT ALREADY INCURRED:.....
- b. AMOUNT YET TO BE INCURRED:.....
- c. **TOTAL COST OF DAMAGES:**

5. CONFIRMATION OF INSURANCE:

Have you received any compensation from Insurance? Yes ☐ No ☐

If yes confirm amount received.....

6. REFERENCES:

- | | |
|------------------------|------------------------|
| 1. Name:..... | 2. Name:..... |
| Physical Address:..... | Physical address:..... |
| | |
| Tel:..... | Tel:..... |
| Cell: | Cell: |

7. CERTIFICATION BY DIRECTORS

I/We..... certify that to the best of my/our knowledge and belief the particulars and amounts set out in this application and its attachments are correct.

Signed by me/us this.....Day of 20.....

_____	_____	_____
1. APPLICANTS NAME	SIGNATURE	CAPACITY

_____	_____	_____
2. APPLICANTS NAME	SIGNATURE	CAPACITY

(Company stamp)

8. VERIFICATION BY MANAGEMENT COMMITTEE

I/We..... certify that to the best of my/our knowledge and belief the particulars and amounts set out in this application and its attachments are correct.

Signed by me/us this.....Day of 20.....

_____	_____	_____
MC MEMBER	SIGNATURE	CAPACITY

9. MANAGEMENT COMMITTEE DECISION

DECISION:

AMOUNT APPROVED:

COMMENTS / CONDITIONS OF APPROVAL

.....

.....

.....

_____	_____	_____
NAME	SIGNATURE	DATE

_____	_____	_____
NAME	SIGNATURE	DATE

Annexure 1:**BREAKDOWN/DETAIL OF REQUESTED AMOUNT**

#	COSTS ALREADY INCURRED	AMOUNT (E)
1		
2		
3		
4		
5		
TOTAL COSTS INCURRED / (REQUEST FOR REFUND)		
#	COSTS NOT YET INCURRED	AMOUNT (E)
1		
2		
3		
4		
5		
TOTAL COSTS YET TO BE INCURRED		
TOTAL RECONSTRUCTION COSTS		

Annexure 2:

SUPPLIER BANKING DETAILS: *Please capture clearly and accurately or confirm if copies of attached invoices and quotations have full Banking Details of Suppliers.*

#	PAYEE/ SUPPLIER DETAILS	BANK NAME, ACCOUNT NUMBER AND BRANCH CODE
1		Bank Name: Account No: Branch Code:
2		Bank Name: Account No: Branch Code:
3		Bank Name: Account No: Branch Code:
4		Bank Name: Account No: Branch Code:
5		Bank Name: Account No: Branch Code:

NB: The attached schedule must be accompanied by:

- a) Quotations*
- b) Invoices*
- c) Proof of Payment (refund requests)*

Annexure 3:

CHECKLIST: FORMAL BUSINESSES (*Ensure all the below listed documents are attached*).

#	DOCUMENT NAME	SUBMITTED YES/NO
1	Valid Trading Licence	
2	Form J	
3	Form C	
4	Certificate of Incorporation and Articles of Association	
5	Constitution (for Associations)	
6	Identity Documents of Directors (Certified Copies)	
7	Police Report (confirming that the business was impacted by the unrests)	
8	Assessment Report (Details and Extent of Loss)	
9	Quotations and / or Bills of Quantities and / or Invoices	
10	Proof of Payment (for requests for a refund)	
11	Completed copy of Annexure 1 (Details of Damages Costs)	
12	Completed copy of Annexure 2 (Payee Details / Details of Suppliers, etc)	