



RECONSTRUCTION FUND APPLICATION FORM

INFORMAL BUSINESSES

1. APPLICANTS DETAILS

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

2. DETAILS OF DIRECTORS / BUSINESS OWNERS

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

3. NATURE OF THE DAMAGE:

INFRASTRUCTURE yes no **CAPITAL EQUIPMENT** yes no

STOCK yes no

OTHER: *(Brief Description)*

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

- a. RECONSTRUCTION COSTS ALREADY INCURRED:
- b. RECONSTRUCTION COSTS YET TO BE INCURRED:
- c. STOCK RE-IMBURSEMENT COSTS:.....
- d. **TOTAL:**

5. CONFIRMATION OF INSURANCE:

- a. Have you received any compensation from insurance? Yes No
- b. 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:

A. BREAKDOWN / DETAILS OF REQUESTED **RECONSTRUCTION AMOUNT**

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

B. BREAKDOWN OF STOCK REPLENISHMENT AMOUNT

#	DETAILS OF STOCK ITEMS	AMOUNT (E)
1		
2		
3		
4		
5		
TOTAL STOCK ITEMS		

C. TOTAL DAMAGES COSTS

Total Cost of Damages (Infrastructure plus Capital Equipment plus Stock)	
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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 NAME	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:
6		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: INFORMAL BUSINESSES (*Ensure all the below listed documents are attached*).

#	DOCUMENT NAME	YES/NO
1	Valid Permit or form of approval for the business operation (Permit or Municipality / Umphakatsi Confirmation)	
2	Identity Documents of Directors (Certified Copies)	
3	Police Report (confirming that the business was impacted by the unrests)	
4	Quotations and / or Invoices	
5	Proof of Payment (for requests for a refund)	
6	Completed copy of Annexure 1 (Details of Damages Costs)	
7	Completed copy of Annexure 2 (Payee Details / Details of Suppliers, etc)	