

**APPLICATION FORM FOR BANKSETA SME and CFI GRANT FUNDING WINDOW**

**Published February 2024**

I/ we acknowledge that this application **will only be considered complete if the ALL-following documents are attached:**

|  |  |
| --- | --- |
| **CRITERIA** | **Check** |
| A **Quotation** from the **training provider** to reflect the **actual cost** of the training is attached |  |
| Proof of Training **Provider accreditation** for the programme that are being applied for, is attached |  |
| CIPC **and** SARS Registration Documents are attached |  |
| Learner details have been attached |  |
| Proof of WSP submission (System generated confirmation letter) |  |

**Company Contact Details**

|  |  |
| --- | --- |
| **Company Name:** |  |
| **BANKSETA Registered Levy no.** | **L** |
| **SIC CODE (please tick)** | |  |  | | --- | --- | | **BANKSETA SIC CODES** | **Tick** | | * 81110- Monetary Intermediation |  | | * 81121 -Discount Houses and Commercial and Other Banking |  | | * 81122 -Building Society Activities |  | | * 81900 -Other Financial Intermediation (Not elsewhere captured) |  | | * 81910 -Lease Financing |  | | * 83101 -Securities Dealing |  | | * 83102 -Activities Ancillary to Financial Mediation |  | |
| **Number of employees employed by company** |  |
| **Physical Address** |  |
| **Postal Address** |  |
| **Contact person for this program:**  **(must be representative from the employer)** |  |
| **Telephone:**  Landline  Cell |  |
| **E-mail address:** |  |

|  |  |  |
| --- | --- | --- |
| Program Title and Description |  | |
| Is this a short course or registered skills programme |  | |
| If skills programme please indicate registration number, credit and NQF Level | **Registration number** |  |
| **Number of credits** |  |
| **NQF Level** |  |
| Number of learners being applied for |  | |
| Total Amount applied for:  R (**inclusive** **of VAT**) |  | |
| **Training Programme start and end date** *(actual training period/ exclude planning and close out)* | Start  End | |

**Programme Details**

**TRAINING PROVIDER DETAILS AND ACCREDITATION**

|  |  |
| --- | --- |
| **Training Provider Name** |  |
| **Training Provider Levy number** |  |
| **Training Provider Registration number** |  |
| **Training Provider Accreditation number** |  |
| **Training Provider Contact Details:**  Contact person name  Telephone number  Email address |  |
| **Proof of accreditation has been attached** | Yes / No |

**NOTES**

1. **Please complete all the applicable sections in as much detail as possible.**
2. If insufficient space has been provided, please add additional sheets.
3. This application should be read in conjunction with the BANKSETA Funding Window Guidelines
4. Responsibilities of the APPLICANT:

The APPLICANT will have responsibility for the following, which includes (but is not limited to):

* Overall project management
* Reporting to the governance structure of the project and to the BANKSETA
* Procurement\*
* Financial management including record keeping.

NOTE: The APPLICANT will be held liable for any financial mismanagement

1. **Ownership of deliverables, Copyright and BANKSETA Acknowledgement**

Acknowledgement of funding by the BANKSETA is to be incorporated into all project documentation, deliverables and communication.

**7**. The Protection of Personal Information Act, No 4 of 2013 promotes the protection of personal information by public and private bodies. The BANKSETA is in full support of the PoPI Act and will disclose information only to ensure compliance in terms of the PIVOTAL reporting requirements.

**Authorisation**

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Employer Name) confirm that the information contained in this proposal are correct and commit to ensuring that the project meets its stated objectives.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT Roles** | **Name** | **Title / Designation** | **Date** | **Signature** |
| Senior Manager |  |  |  |  |
| Project Manager |  |  |  |  |
| CEO/Managing Director |  |  |  |  |

**Declaration**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that I will comply with the requirements of BANKSETA for all reporting required for the project and supporting documentation that may be required.

I further declare that:

* I will ensure my availability and presence at BANKSETA Monitoring and Evaluation visits
* I will submit all learner supporting documents as per Annexure A to the BANKSETA on completion of the training.
* **Approved Funding may be reconsidered if incomplete learner details template is submitted.**

Name of Employer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Capacity of authorized Employer Representative : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CEO/Managing Director (COMPULSORY) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_