



**MATATIELE**

LOCAL MUNICIPALITY

102 Main Street,  
Matatiele  
P.O. Box 35,  
Matatiele, 4730  
**Tel:** 039 737 3135  
**Fax:** 039 737 3611

**APPLICATION FORM  
GENERAL DEALER AND SPAZA SHOPS SUPPORT PROGRAMME**

**SECTION ONE:**

APPLICANT NAME	
IDENTITY NUMBER	
CONTACT NUMBER	
ALTERNATIVE NUMBER	
EMAIL ADDRESS	

**SECTION TWO:**

COMPANY NAME	
REGISTRATION NUMBER	
TRADING NAME (SPAZA SHOP NAME)	

**SECTION THREE:**

BUSINESS PHYSICAL ADDRESS	
LOCAL MUNICIPALITY	
WARD	
VILLAGE/TOWNSHIP	
COMMODITY YOU ARE SELLING	

*Where Nature, Agriculture, Tourism are Investments of Choice.*

Electrical Services: 079 522 9770 Prepaid Sales: 079 523 322 Finance Office: 039 737 3565 Disaster and Fire: 039-2560610/079 523 2223

Police(SAPS): 039-7379904/9905 Water: 082 520 1476 Ambulance: 10177 Traffic: 079 522 9774

**DECLARATION**

I, THE UNDERSIGNED (NAME AND SURNAME)

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DECLARE THAT THE INFORMATION PROVIDED IN THE REGISTRATION FORM IS VALID AND CORRECT

I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME SHOULD THEY FIND THAT THIS DECLARATION IS FALSE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ANNEXURE 1-SUPPORTING DOCUMENTS CHECK LIST:**

COMPLETED APPLICATION FORM	
CENTRAL SUPPLIER DATABASE (CSD)	
BUSINESS PERMIT OR LICENCE	
CERTIFIED SA ID	
PROOF OF RESEDENCE	
CERTIFICATE OF ACCEPTABILITY	
QUOTATION (Limited to R 5 000.00 from one supplier)	

OFFICIAL STAMP