



a world class African city

SMALL BUSINESS OWNERS SKILLS PROGRAMME IN CHINA

CLOSING DATE FOR SUBMISSION OF APPLICATIONS:

27 May 2024

ALL APPLICATIONS MUST BE DROPPED-OFF AT THE FOLLOWING ADDRESS:

First Floor, Main Tower, No. 66 Jorissen Street, Jorissen Place, Braamfontein, Johannesburg

CONTACT PERSON(S) AT DROP-OFF POINT:

1. Lesego Letsoalo
2. Portia Mathonsi
3. Mbali Somakhwabe

Attention: SMMEs within the City of Johannesburg

IMPORTANT INFORMATION:

Ensure that you complete sections 1 to 4.

Please write clearly in CAPITAL LETTERS, using a BLACK PEN.

1. APPLICANT'S PERSONAL DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>	Name	<input type="text"/>	
Date of birth	<input type="text"/>	Identity number	<input type="text"/>			
Gender	<input type="text"/>	Race	<input type="text"/>	Disability	<input type="text" value="Yes/No"/> <i>Tick correct option</i>	
South African Citizen	<input type="text" value="Yes/No"/> <i>Tick correct option</i>					
Business Name	<input type="text"/>			Registration No.	<input type="text"/>	
Number of Years in Operation	<input type="text"/>			Sector	<input type="text"/>	
Business Annual Turnover	R <input type="text"/>					
Availability of Financial Statements	<input type="text" value="Yes/No"/> <i>Tick correct option</i>		3-Year Financial Statements Attached	<input type="text" value="Yes/No"/> <i>Tick correct option</i>		
Postal Address						
					Postal Code	<input type="text"/>
Residential Address						
					Postal Code	<input type="text"/>
Business Telephone Number	<input type="text"/>			Cellphone Number	<input type="text"/>	
E-mail address	<input type="text"/>					
Home language	<input type="text"/>			Second language	<input type="text"/>	

2. APPLICANT'S ACADEMIC INFORMATION

Highest Academic Qualification

Name of University/Technikon/College/School Attended

3. STATEMENT BY APPLICANT *(Brief motivation in support of the application. Or attach the brief motivation in a separate page if required)*

4. APPLICANT'S DECLARATION *(All applicants MUST complete this section)*

Do you have any relationship (family, friend, other) with persons in the service of the City? **Yes/No** *Tick correct option*
All information contained in this application form is true. I understand that should the information provided found to be false at any stage, my bursary application shall be disqualified.

Signature of applicant Date

5. FOR OFFICE USE ONLY *(To be completed by the official within DED: Skills Development who receives the application on behalf of the City of Johannesburg)*

Surname and initials

Position

Signature Date

PLEASE NOTE THE APPOINTMENT REQUIREMENTS:

- ★ All fields should be completed;
- ★ Youth (age between 18 to 35 years);
- ★ Business must be 100% owned by South African citizens;
- ★ Have a registered and trading business for a minimum of 3 years. The following supporting documents are required:
 - * 3 years financial statements.
 - * A valid one-time pin (OPT) / tax pin issued by the South Revenue Services (SARS)
 - * UIF, COIDA, and other applicable industry regulations registrations.
 - * The business owner or the company representative be willing to be away from business for a period of 6 months.
- ★ Minimum annual turnover of R500 000;
- ★ Business owner(s) or directors must possess technical experience relevant to the business, with hands-on experience in the running and management of the business;
- ★ CV of the applicant;
- ★ A business plan or a comprehensive company profile;
- ★ A valid passport (valid not earlier than 28 February 2025);
- ★ Proof of residency in Johannesburg (Statement of Water and Lights, Rates and Taxes) or an affidavit confirming the place of residence; and
- ★ Must be proficiency in English and be able to maintain the highest ethical and professional standards as they will be representing the COJ/RSA.
- ★ Must undergo a medical check-up and police clearance.