

Postal Address

Private Bag x424
Pretoria
0001

Physical Address

Tourism House
17 Trevenna Street
Sunnyside, 0002

Contact Details

Call Centre: 0860 tourism
Switch board: (+27) 12 444 6000
Web: www.tourism.gov.za

MARKET ACCESS SUPPORT PROGRAMME APPLICATION FORM

Type of financial assistance

Type of event

Specify the event

NOTES

- A. Please ensure that you have read and understood the guidelines for the assistance you are applying for.
- B. Please ensure that you have read and answered all questions in the application form.
- C. Only completed applications will be accepted and considered.
- D. It is important that you provide us with the correct and complete information to ensure that your application is processed timeously.
- E. All applications should be signed by a duly authorised representative of the enterprise.
- F. All applications should be dated and submitted to the Department of Tourism before or on the closing date.
- G. Please ensure that you have attached all the required documents.
- H. Please note all information provided will be subjected to a verification process and security vetting may be conducted where required.
- I. Please note that should you use any application form other than the one provided by the Department of Tourism, your application will not be considered.
- J. For more information on the required supporting documents, please refer to MASP Guidelines.

Check List
**Attached
(for
applicant)**

1. Central Supplier Database (CSD) Registration Report
2. Proof of Insurance Cover
3. Proof of turnover
4. Proof of compliance with Amended Tourism B-BBEE Sector Codes
5. Comprehensive company profile.

Additional documents required if applicable

6. Industry Association: letter of confirmation from CEO/Chairperson
7. Joint Marketing Agreement: Letter of consent from Business
8. Commission Agents: Letter of consent from Business


tourism

 Department:
Tourism
REPUBLIC OF SOUTH AFRICA


Version 2022:3

1. DETAILS OF APPLYING BUSINESS

- 1.1. Registered Name of the Business
- 1.2. Registered Trading Name of the Business
- 1.3. Business Registration Type
- 1.3.1. If Other, specify:
- 1.4. Business Registration Number
- 1.5. Income Tax Number
- 1.6. Business Ownership Structure

(please attach separate sheet should more space be required)

Name of owner/director/etc.	ID Number	ID issued date	Race (Black, Coloured, White, Indian, other)	Gender (M/F)	Living with disability (Yes/No)	Youth of 35 years and less	Percentage of Shareholding (%)

1.7. Postal Address of Registered Entity

1.8. Physical Address of Registered Entity

Province

Province

Code

Code

1.9. **Municipality:** Metro

District

Local

1.10. Contact Person

1.10.1 Title

1.10.2 Position

1.10.3 Work Telephone

1.10.4 Cell Phone

1.10.5 E-Mail Address

1.10.6 Web Address

2. OPERATIONAL DETAILS OF THE APPLYING BUSINESS

2.1. Tourism Sub-sector? (please select below)

Accommodation

Hospitality and related

Travel and related services

2.2. B-BBEE Compliance Status of Enterprises

2.2.1 B-BBEE Compliance Level

2.3. Brief description (not more than 100 words) of the enterprise's integrated nature of packages or services offered?

2.4. Please indicate your business's turnover category for the past three years:

Current Turnover

Turnover category year two (past)

Turnover category year three (previous)

2.5. Is the business graded by the Tourism Grading Council of South Africa?

2.6. Is the business registered for TOMSA?

(if yes, how many stars?)

2.6.1 If yes, please provide the membership number?

2.7. Is the business a member of the TBCSA affiliated association/s?

(if yes, please select below)

Afrikaanse Handelsintituut	
Airline Associations of South Africa	
Exhibition and Event Association of Southern Africa	
Federation Hospitality Association of Southern Africa	
Field Guide Association of Southern Africa	
South Africa Chef's Association	
South African Youth Travel Confederation	
Southern Africa Association for Conference Industry	
Southern Africa Tourism Services Association	
Southern Africa Vehicle Rental & Leasing Association	
Vacation Ownership Association of South Africa	
Other, Please specify:	

2.8. Is the business a member of any other **Non - TBCSA** affiliated association/s?

(if yes, please list below)

2.9. Please indicate your business percentage split between domestic and international clients/tourists:

2.9.1. International % 2.9.2. Domestic %

2.10. Please indicate the target market of your business:

Africa	
America & Caribbean	
Asia & Australasia	
Europe	
Middle East	

2.11. Total number of employees?

Race	Permanent		Temporary	
	Male	Female	Male	Female
Black				
White				
Coloured				
Asian/Indian				
Total				

2.12. Total number of employees living with disability?

3. DETAILS OF PROPOSED TRAVELLERS

3.1. Name of proposed traveller

3.2. Title

3.3. Position

3.4. Work Telephone

3.5. Cell Phone Number

3.6. E-Mail Address

3.7. Identity Number

3.7.1 Passport Number

3.8. DETAILS OF THE NEXT OF KIN

3.8.1. Name & Surname

3.8.2. Telephone

3.8.3. Cell phone number

3.8.4. Email address

4. THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013(POPIA):

The Department respect your privacy and acknowledge that your documents will contain personal information which may belong to you or others. By submitting your documents, you give the Department consent to process information in accordance with POPIA. Furthermore you grant the Department express and/or implied permission to further process received personal information and place it in the public domain, in the execution of its mandate and statutory obligations. The Department disclose personal information if required by the law enforcement agencies and other parties who provide the Department with the relevant/required services. The Department will authorise access to personal information only to employees who require the information to execute their work-related responsibilities. The Department will archive your personal information in line with the applicable laws.

The Department values your privacy and shall take all reasonable measures to protect received personal information.

The Department (including its officials and/or employees) accepts no liability whatsoever, for any loss,damage (whether direct, indirect, special or consequential) and /or expenses of any nature whatsoever which may arise as a result of, or which may be attributable directly or indirectly, from information made available herein, or actions or transactions resulting therefrom.

5. DECLARATION

I have read, understood and accept the Programme Guidelines terms and conditions (please tick)

I in my capacity as , hereby declare that the information in this application is a fair and true reflection (incl. relevant attachments) of the applying business. I am aware of the fact that the information submitted above (incl. attachments) will have a material bearing on the adjudication of the application. Therefore, should it appear that any information in the application was not correct or omitted, the adjudication committee shall be entitled to withdraw or amend its decision and without prejudice to its rights, to recover any amounts already paid including interest or to withhold further payments due. Should my application be successful, I further undertake to furnish follow-up reports on the successes achieved by the trip not later than two (2) months after my return and upon the request by the department six months thereafter.

Signature Date

Please initial each page and sign. Completed forms are to be emailed to: tipapplications@tourism.gov.za, the Department of Tourism.



Initial.....