



**the dti**

Department:  
Trade and Industry  
REPUBLIC OF SOUTH AFRICA

Private Bag X84, PRETORIA, 0001, **the dti** Campus, 77 Meintjies Street, Sunnyside, 0002, Tel: (012) 394 0000,  
**the dti** Customer Contact Centre local: 0861 843 384 International: +27 12 394 9500, www.thedti.gov.za

**Reference No: 15/6/1/2/1**

## SECTOR SPECIFIC ASSISTANCE SCHEME (SSAS)

### CLAIM FOR GENERIC FUNDING (SSAS FORM B)

#### 1. CATEGORY OF ORGANISATION

- Export Council
- Industry Association
- Joint Action Group

#### 2. NAME AND CONTACT DETAILS OF APPLICANT (ORGANISATION)

**Registered Name:**

**Postal Address:**

**Telephone:**

**Fax:**

**E-mail:**

#### 3. CATEGORY OF FUNDING REQUIRED

- Grant for establishing an Export Council
- Matching Grant based on membership income
- Marketing Material
- Local Advertising and Publicity
- Local Exhibition Assistance

#### 4. AMOUNT OF FUNDING REQUIRED (NET AMOUNT AFTER OWN CONTRIBUTION).

Nature	Amount (excl. VAT)	DTI Contribution (%)	Net Amount



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**5. PROVIDE DETAILED REASONS FOR YOUR APPLICATION, AND A CLEAR INDICATION OF HOW YOU INTEND USING THE CATEGORY OF FUNDING INDICATED ABOVE**

**6. COST BREAKDOWN STRUCTURE**

Activity	Description of Activity	Amount

**7. DECLARATION**

I hereby request funding under the Sector Specific Assistance Scheme (SSAS) in the categories indicated above. I will only incur expenditure in this regard after receiving a Letter of Approval for Funding under the Sector Specific Assistance Scheme from **the dti**. If engaging the services of third party service providers, I will make certain that I obtain and provide proof of three quotations for all services, and will ensure that the quotes reflect market-related rates. I understand and accept all the rules pertaining to the Sector Specific Assistance Scheme, as indicated in the Rules and Guidelines of the Sector Specific Assistance Scheme. I declare that the information provided herein is true and correct. I also declare that I have not/will not apply for funding from any other financial assistance scheme, neither from **dti**, nor from any other government (national, local and municipal) or quasi-government institution in respect of this project.

NAME OF APPLICANT: \_\_\_\_\_

DESIGNATION OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_



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DATE: \_\_\_\_\_

**For official use only**

Activity	Date	Tick appropriate box		
		Approved	Not Approved	Not Received
Business Plan	01 March	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Quarter Scorecard	15 July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Quarter Scorecard	15 October	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> Quarter Scorecard	15 January	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Scorecard	15 April	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compiled by:	Manager: Export Council Secretariat	Senior Manager: Export Development
Name: _____	Name: _____	Name: _____
Sign: _____	Sign: _____	Sign: _____
Rank: _____	Rank: _____	Rank: _____
Date: _____	Date: _____	Date: _____
	Supported/ Not Supported	Recommended/ Not Recommended