



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)
APPLICATION 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

- Local Advertising and Publicity
- Marketing Materials
- 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

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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: _____

DATE: _____



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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 st Quarter Scorecard	15 July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Quarter Scorecard	15 October	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd 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"/>

Manager: Export Council Secretariat	Dti Ex Officio Member	Chairperson: Dti Export Council Management Committee
Name: _____	Name: _____	Name: _____
Sign: _____	Sign: _____	Sign: _____
Rank: _____	Rank: _____	Rank: _____
Date: _____	Date: _____	Date: _____
	Supported/ Not Supported	Approved /Not Approved