



**RECYCLING ENTERPRISE SUPPORT PROGRAMME (RESP) APPLICATION FORM**

*(This application must accompany all the documents submitted to the department with regards to the application of RESP and this must be signed. Failure to submit this signed form and other required documents will result to disqualification of your application)*

Name of the Enterprise	
CSD Registration Number	
Registration number of the enterprise	
Postal address of the enterprise	
Business physical address of the enterprise	
Location	Province:
	District Municipality:
	Local Municipality:
	Metro:
Requested Funding Amount	R
Contact person	
Designation/Capacity of the contact person	
Business contact details	Email:
	Tel:
	Mobile:
B-BBEE status level of contribution (attach certificate)	
Company tax number/pin	
VAT Registration No.	
Type of the waste recycling project i.e. Buyback Centre, MRFs & etc.	

Declaration of Interest			
Questions (Y/N)	No	Yes	Explanation
Are you or any person in connected with the applicant presently employed by the state?			
Did you or your spouse, or any of the enterprise's directors/trustees/shareholders/members or their spouses conduct business with the state in the previous twelve months?			
Do you or any person in connected with the applicant, have any relationship (family, friend, other) with a person employed by the state who may be involved with the evaluation and/or adjudication of this programme?			
Do you or any person in connected with the applicant, aware of any relationship (family, friend, other) between any other applicant and any person employed by the state who may be involved with the evaluation and/or adjudication of this programme?			
Do you or any of the enterprises directors/trustees/shareholders/members have any interest in other enterprises applying for admission into this programme?			

**Full details of directors / trustees / members / shareholders**

Full Name	Identity Number	Personal Income Tax Reference Number	State Employee Number / Persal Number

I, the undersigned (name)..... certify that the information furnished in in this form is correct. I accept that the state may reject the proposal or act against me should this declaration prove to be false.

Signature	
Position occupied in the Company	
Name in print	
Date	