

COVID 19 YOUTH RELIEF FUND APPLICATION FORM

1. APPLICATION FORM SUBMISSION (FOR OFFICE USE ONLY)

Date of submission:		Submitted by:	
Received by:		Signature :	
Previous funding GR#		Funding date	
Three Months bank statements		Enterprise 100% youth owned	

1. PERSONAL INFORMATION

Surname:	Names as appears in Identity Document (ID):			Gender:	
				Male	
				Female	
Date of Birth:	Identity No:				
*Race Group:	Africans	Indians	Disability	Yes	
	Coloured	Whites		No	
Business Address:	Postal Address:		Tel. No. :		
			Cell No.:		
			E-mail:		

2. JOBS SUSTAINED

	PERMANENT JOBS				TEMPORARY				SHORT TERM			
	Male	Female	Youth	Disabled	Male	Female	Youth	Disabled	Male	Female	Youth	Disabled
African												
White												
Indian												
Coloured												
Total												

3. APPLICATION SUMMARY

- Provide summary description of the business:

- Describe the impact of COVID-19 on the business

- Describe the nature of support required and what are the funds to be used for

- Provide any other relevant information to support your application