



## **APPLICATION FORM**

### **SOLE TRADERS/SOLE PROPRIETORS AND INDIVIDUAL CREATIVE PRACTITIONERS**

#### **COVID-19 Relief Fund for the visual arts, crafts, design and audiovisual sectors**

#### **ELIGIBILITY**

**Targeted sectors:** visual arts, crafts, design and audiovisual sectors

**Eligible applicants:** sole proprietors/sole traders, individual practitioners and freelancers in the above-mentioned sectors, with a valid South African ID and a tax clearance certificate.

#### **APPLICATION REQUIREMENTS**

- Completed and signed application form.
- Letter of motivation describing how COVID-19 has impacted your professional practice and future plans. This letter must not be longer than one page.
- Professional practice information:
  - CV that demonstrates that you have been operational from at least August 2019.
  - Evidence of your professional practice, e.g. photo of your work; links to website/social media pages.
  - Written reference from a client or relevant organisation to certify that you are a practitioner in the above listed sectors, and samples of your work.
  - Bank statements from June to August 2020.
- Compliance documentation:
  - Certified copy of SA ID of primary applicant
  - Valid personal tax clearance certificate or tax PIN
  - FICA documents (e.g. municipal accounts; letter from traditional authority)
  - COVID-19 relief affidavit (template provided).



## APPLICATION FORM

### PERSONAL DETAILS

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ SA ID number: \_\_\_\_\_  
Physical address: \_\_\_\_\_ Email address: \_\_\_\_\_

### PROFESSIONAL PRACTICE DETAILS

Name of practice/Trading name: \_\_\_\_\_  
Practice registration number (if applicable): \_\_\_\_\_ Tax number: \_\_\_\_\_  
Do you have people in your employ? YES/NO If YES, how many people? \_\_\_\_\_  
How many of them are SA citizens? \_\_\_\_\_  
How long have you been in business/practice? \_\_\_\_\_  
Provide links to your website or social media pages (Facebook, Instagram, etc.): \_\_\_\_\_  
Main products or services: \_\_\_\_\_  
Top customers: \_\_\_\_\_

### SALES REVENUE/INCOME DETAILS

What was your monthly income before and after March 2020?

Please indicate an average for the six months up to March 2020 if you did not earn a regular income (first table); and the actual amounts for the six months since March 2020 (second table). Please complete the tables below.

Month	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020
Sales/income						

Month	Mar 2020	Apr 2020	May 2020	June 2020	Jul 2020	Aug 2020
Sales/income						

Please supply personal bank statements for the period June to August 2020.

### EXPENSE DETAILS

What are your regular monthly business expenses? Please fill in the table below and add any additional items.

ITEM	COST
<b>FIXED COSTS/OVERHEADS</b>	
Rent	
Telephone	
Data	
Other (please specify)	
<b>COST OF SALES</b>	
Other (please specify)	
<b>TOTAL</b>	R



Please supply your 2019/20 financial statements or management accounts for the last three months.

**COVID-19 RELIEF DETAILS**

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Have you applied for any COVID-19 relief? YES/NO

If YES, were you successful? YES/NO

If NO, please provide evidence of your applications and their being declined. \_\_\_\_\_

If YES, please indicate which relief you applied for and if you were successful. \_\_\_\_\_

Have you managed to get any relief (rental holidays, etc.)? Please fill in the table below and add the value of the relief received.

ITEM	VALUE
Rent holiday	
TERS	
UIF	
Loan	
NAC grant	
DSAC 1 <sup>st</sup> Wave	
DSAC 2 <sup>nd</sup> Wave	
Other (please specify)	
<b>TOTAL</b>	<b>R</b>

For how much funding are you applying? R \_\_\_\_\_

What will you be using this funding for? \_\_\_\_\_

**CONFIRMATION**

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I, \_\_\_\_\_, from \_\_\_\_\_ (name of professional practice or trading name, as applicable) confirm that I have filled in this form myself and that all the details in the form are correct.

I confirm that, should I be eligible for the once-off COVID-19 relief grant, I am willing to sign a contract with the agency/hub, and will provide a report about the impact of the grant when requested by the agency/hub.

I declare that all the information provided is true and correct.

Name:

Position:

Signature:

Date: