



**the dti**

Department:  
Trade and Industry  
**REPUBLIC OF SOUTH AFRICA**

**SSAS FORM B**

**SECTOR SPECIFIC ASSISTANCE SCHEME (SSAS)**

**APPLICATION FOR GENERIC FUNDING**

**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
- Advertising and publicity
- Marketing Materials
- Local exhibition assistance

Applications and Claims to be submitted to: Phindile Skosana, (012) 394 1330 / Phina Mashilo, (012) 394 1060,

E-mail addresses: [phindiles@thedti.gov.za](mailto:phindiles@thedti.gov.za)/[pmashilo@thedti.gov.za](mailto:pmashilo@thedti.gov.za)

Block A, Ground Floor

77 Meintjies Street, Sunnyside, 0002

Private Bag x 84, Pretoria, 0001

**4. AMOUNT OF FUNDING REQUIRED (NET AMOUNT AFTER OWN CONTRIBUTION.**

<b>Nature</b>	<b>Amount (excl. VAT)</b>	<b>the dti Contribution (%)</b>	<b>Net Amount</b>

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

**6. WILL YOU PROCURE GOODS/SERVICES FROM THIRD PARTY SERVICE PROVIDERS?**

**7. MOTIVATE YOUR SELECTION OF SERVICE PROVIDER/S BASED ON THE THREE QUOTES YOU ATTACH TO YOUR APPLICATION**

## 8. COST BREAKDOWN STRUCTURE

Activity	Description of Activity	Amount

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Private Bag x 84, Pretoria, 0001

## 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: \_\_\_\_\_

### For official use only

AUTHORITY	NAME	SIGNATURE	DATE
Head of Sector Desk			
Export Council Secretariat			
Senior Manager: Exp Dev			
Senior Manager: Exports			
Comments:			