



**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:** | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **JOBS SUSTAINED** | | | | | | | | | | | | |
|  | **PERMANENT JOBS** | | | | **TEMPORARY** | | | | **SHORT TERM** | | | |
| **Male** | **Female** | **Youth** | **Disable** | **Male** | **Female** | **Youth** | **Disable** | **Male** | **Female** | **Youth** | **Disable** |
| African |  |  |  |  |  |  |  |  |  |  |  |  |
| White |  |  |  |  |  |  |  |  |  |  |  |  |
| Indian |  |  |  |  |  |  |  |  |  |  |  |  |
| Coloured |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| 1. **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 |