

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	Disabl e	Mal e	Femal e	Youth	Disabl e	Male	Female	Youth	Disabl e
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