



KHOMAS REGIONAL COUNCIL

Tel. No. (061) 292 4300
Fax No. (061) 220317
E-Mail: krc@mweb.com.na
Website: www.khomas.namibia/cc
Your Ref: KRC/KC/01

Pullman Street No. 6688
P. O. Box 3379
WINDHOEK

Enquiries: _____

APPLICATION FORM FOR INCOME GENERATING GRANTS

Constituency Name: _____

YEAR APPLIED FOR: 2015/16

FORM NO: _____

INSTRUCTION AND REQUIREMENTS FOR THE COMPLETION OF THE FORM

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| • Write clearly with black ink only. |
| • No alterations to the Form. If that happen the application form will not be considered. |
| • Only original form will be accepted. |
| • Provide clear and correct information. |
| • Proof of Namibian Identification documents and Voters cards. |
| • Proof of Municipal account. |
| • If applicant is a renter/lessee on Municipal erven, the lease agreement letter should be attached |
| • Attach at least one quotation for the equipments needed. |
| • The completed form should be hand delivered to the Constituency Office, by 11 September 2015 at 13h00. |

1. NAME OF PROJECT:

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2. NAME AND SURNAME OF THE PROJECT OWNER/COORDINATOR/S:

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3. IDENTIFICATION NUMBER OF PROJECT OWNER/COORDINATOR/S:

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4. RESIDENTIAL ADDRESS:

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5. TELEPHONE/CELLEPHONE,FAX/EMAIL:

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6. POSTAL ADDRESS:

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7. NATURE OF THE PROJECT:

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8. BRIEF DESCRIPTION OF THE PROJECT:

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8.1 PLEASE INDICATE IF IT NEW OR EXISTING PROJECT/BUSINESS:

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8.2 IF EXISTING HOW LONG IS IT OPERATIONAL?

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8.3 HOW MANY PEOPLE ARE EMPLOYED?

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| FEMALE: |
| MALE: |

8.4 WHAT TYPE OF SKILLS DO YOUR EMPLOYEES HAVE?

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8.5 INDICATE IF THIS EMPLOYEE HAD ANY TRAINING?

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9. NUMBER OF EMPLOYED PEOPLE IN THE PROJECT'S OWNER'S HOUSEHOLD

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10. NUMBER OF SCHOOL GOING CHILDREN IN THE PROJECT OWNER'S HOUSEHOLD:

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11. AMOUNT APPLIED FOR:

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12. DO YOU REQUIRE BASIC BUSINESS MANAGEMENT TRAINING?

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I hereby confirm that the information provided is accurate and correct.

SIGNATURE:

DATE:

PLEASE ATTACHE A COPPY OF YOUR ID.

MOTIVATION/EXPLANATION: