



Dear SMME

Makana Local Municipality is in the process of updating its SMME database and therefore you are required to provide us with the below information.

Business Details:

Name of Business/Trading Name

Type of Company (e.g., Private, Coop....)

Registration Number:

Commodities (Type of products and services)

Business Contact details:

Contact Number	
Email address	
Website (if applicable)	

Business address /location:

Business Grading:

Member of Business Association/ Forum (*Please Tick*)

Yes	No
-----	----



If yes, provide name of Association/forum

Youth owned Business?

Yes	No
-----	----

Women owned Business?

Yes	No
-----	----

Any Disability?

Yes	No
-----	----

Compliant with? *(Please tick)*

NHBRC	CSD	Tax Clearance	COA (food vendors and caterers)

Business owner(s) details: *(list all owners/partners if more than one)*

Name(s) and Surname(S)

Physical Address

1)	2)	3)	4)

Ward Number

Gender

Male	Female
------	--------

Race

Black	Coloured	White	Indian	Other:
-------	----------	-------	--------	--------