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Contact Details

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Web: www.tourism.gov.za

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TOURISM GRADING SUPPORT PROGRAMME APPLICATION FORM

NOTES Checklist **Attached** Please ensure that you (for have read and understood the applicant) guidelines for the assistance you are applying for. 1. A copy of certificate of Incorporation and certificates in respect of all В Please ensure that you have read and name changes effected in Case of a company, close corporation or answered all questions in the application form co-operatives, C. Only electronically filled applications will be accepted. D. It is important that you A copy of a South African Identity Document (ID) in case of Sole provide us with the correct and complete information to ensure Proprietors, that your application is processed timeously. All applications should be signed by a duly A copy of the Partnership agreement in the case of Partnership authorised representative of the and; enterprise. Please remember to initial each page. G. All applications should A documentary proof of the establishment in case of a *Trust* be dated and submitted to the National Invoice from TGCSA. Department of Tourism before or on the closing Certified copy of a B-BBEE level compliance certificate (only 3. Н. Please ensure that you applicable to enterprises qualifying for a transformation rebate). have attached all the required documents. I. Please note Grading Certificate (for current year and previous years). information provided will be subjected to a 5. Proof of payment to TGCSA for Grading (copy of a bank statement, verification process and security vetting may be credit card statement, deposit slip and cheque) conducted required. BAS Entity maintenance form (Supplied by the Department of Tourism) Please note that should you use any application form other than the one 7. Original valid tax clearance certificate (Post or courier) provided by the National Department of Tourism (NDT), your application will not be considered. Tax Invoice from the enterprise billing the Department of Tourism

1. DETAILS OF APPLYIN	G BUSINESS					
1.1. Registered Name of the	e Business					
1.2. Registered Trading Nar	me of the Business					
1.3. Business Registration 7	Гуре					
1.3.1. If Other, specify:						
1.4. Business Registration N	Number					
1.4. Dusiness registration i	Turniber					
1.5. Income Tax Number						
1.6. Business Ownership S	tructure					
(please attach separate sheet should n	nore space be required)					
Name of owner/director/etc.	ID Number	Race (Black,	Gender	Living	Number	Percentage of
		Coloured, White,	(M/F)	with disability	of owners	Shareholding (%)
		Indian, other)		(Yes/No)	under the age	
					of 35	
1.7. Postal Address of Regis	stered Business	1.8. Physical	Address	of Registe	ered Busii	ness
Province		Province				
Code		Code				
1.9. Contact Person						
1.9.1 Title						
1.9.2 Position						
1.9.3 Work Telephone						
1.9.4 Cell Phone						
1.9.5 E-Mail Address						

2. OPERA	TIONAL DETAILS OF THE APPLYING BUSINES	SS
0.4 T	·	
2.1. Type of	f an Establishment?	
	Hotel	
	Bed and Breakfast,	
	Guest House	
	Caravan & Camping	
	Country House	
	Self-catering exclusive	
	Self-catering shared	
	Backpackers/Hosteling	
	Game Lodges	
	Lodges	
	Meetings, Incentive, Conference	
	and Events establishment.	
	escription (not more than 100 words) of produ	
	ousiness graded by the Tourism Grading Cou	(if yes, how many stars?)
	f First Grading Approval and number of stars	_
	Grading payment	een domestic and international clients/tourists?
2.6.1. Interr] %

Initial.....

Mark (×)	Organisation
	Tourism Enterprise Programme (TEP)
	Industrial Development Corporation (IDC)
	Government Entity (TGCSA, the dti etc.)
	Private Sector Association (Banks, Funding Donors etc.)
	Other (Please specify)
	None
Please sp	ecify the type of assistance and amount:
. Please indi	cate your business's turnover category for the past three years:
.1. Turnover	category year one (recent)
.2. Turnover	category year two (past)
.3. Turnover	category year three (previous)
. What is you	r business B-BBEE compliance level?
0. What is yo	ur level of UA compliance?
1. Is the busi	ness a member of the Tourism & Hospitality Associations? (if yes, please list below
2. Is the busi	ness registered as a TOMSA contributor? (if yes, please list membership numbers)

		Gender			
	Race	Male	Female	Total	
	Black				
	White				
	Coloured				
	Indian				
	Other				
	Total				
2.15. Tota	I number of peop	ple living wi	th disability?		
		ple living wi	th disability?	(F	Please specify numbers)
		ple living wi	th disability?	(F	Please specify numbers)
3. DECLA I information aware of adjudication omitted, thrights, to successful	RATION n in this applicat the fact that the on of the applicate adjudication of the a	ion is a fair information. Thereformmittee semounts alreatake to furn	and true reflection submitted at fore should it at hall be entitled ady paid or the ish follow-up in the second se	ction (incl. relevant a above (incl. attachn appear that any infor d to withdraw or am o withhold further	in my capacity as hereby declares that the attachments) of the applying business. I amnents) will have a material bearing on the rmation in the application was not correct or end its decision and without prejudice to its payments due. Should my application be esses achieved by the trip no later than two