



APPLICANT'S DETAILS		
Surname		
Full Names		
Identity Number		
Tax Reference Number		
Cell number		
Postal Address		
Email address		
Residential Address		
Town/Area		
Ward Number		
Municipality		
District Municipality		
CRITERIA		
Category (i.e. project managers, event organisers, producers, freelancers, performers and visual artists)		
List the projects /events/ cancelled from which income would have been earned between March and June 2020 : genre and brief description	Project / Event	Project / Event Date

Indicate the type of confirmation (contract, commitment letter) to participate in a project or at an event that has been cancelled. This information will be (verified).		
List of Arts and Culture events from which income was earned in the last 6 months. ( historical information)	<b>Arts and Culture Event / activity</b>	<b>Arts and Culture Event / activity</b>
List other sources of income. If any		

<b>PLEASE PROVIDE ANY RELEVANT INFORMATION TO BE CONSIDERED WHEN ASSESSING YOUR APPLICATION</b>		
<b>REQUIRED SUPPORTING DOCUMENT CHECKLIST</b>		
<b>DOCUMENT</b>	<b>YES</b>	<b>NO</b>
Copy of Applicant's ID		
Applicant's Bank Account Confirmation		
Valid Tax Certificate		
Documents confirming participation in an Arts and Culture event or invitation to arts and culture event that has been canceled or postponed / Or confirmation of work that was to be done in arts and culture that have been cancelled.		
<b>DECLARATION</b>		
I hereby declare that the information provided is true and correct. I further declare that I understand that if the information provided is proven to be false, incorrect and fraudulent, I shall immediately be disqualified and legal action may be taken against me.		
<b>APPLICANT'S NAME AND SURNAME</b>		
<b>SIGNATURE</b>		

DOCUMENT	YES	NO
Copy of Applicant's ID		
Applicant's Bank Account Confirmation		
Valid Tax Certificate		
Documents confirming participation in an Arts and Culture event or invitation to arts and culture event that has been canceled or postponed / Or confirmation of work that was to be done in arts and culture that have been cancelled.		

DATE	
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<b>RECOMMENDATION BY THE LOCAL / DISTRICT MUNICIPAL WARD COUNCILLOR / ARTS AND CULTURE STRUCTURE / TRIBAL AUTHORITY</b>
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PLEASE PROVIDE ANY RELEVANT INFORMATION TO BE CONSIDERED WHEN ASSESSING THE APPLICATION
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I hereby declare that the information provided is true and correct. I further declare that I understand that if the information provided is proven to be false, incorrect and fraudulent, I shall immediately be disqualified and legal action may be taken against me.

APPLICATION	RECOMMENDED	NOT RECOMMENDED
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NAME AND SURNAME	SIGNATURE	DATE
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<p><b>GENERAL NOTE</b>  <i>The Department will determine the quantum of relief and reserves the right to conduct verification, due diligence and request additional information prior to providing the relief.</i></p>
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<i>FOR OFFICE USE ONLY</i>
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<b>RECOMMENDED</b>	<b>NOT RECOMMENDED</b>
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<b>COMMENTS</b>	<b>COMMENTS</b>
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