

### INSUREDIGHUB APPLICATION FORM:

<b>Name of Organisation:</b>	<b>INSETA Accreditation No (if any):</b>	<b>Physical Address:</b>
<b>Province of Implementation:</b>	<b>Physical Address of Building for Implementation:</b>	

### CONTACT DETAILS:

	Full Name & Designation	Contact Tel, Number	Email address	SIGNATURE
Project Coordinator				
Authorized official who will sign the funding contract				

**NB:** No EoI sent after the closing date will be considered. Closing date to submit full completed EoI and required attachments is **30 November 2023 (16H00)**

**Board Members:** Mr. J.S. Ngubane (Chairperson), Ms. V. Pearson (Organised Employer), Ms. L. van der Merwe (Organised Employer),  
Ms. R.G. Govender (Organised Employer), Ms. P. Mendes (Organised Employer), Ms. Z. Motsa (Organised Employer),

Mr. K.A.A. Sungay (Organised Employer), Mr. M. Soobramoney (Organised Labour), Mr. J.J.M. Mabena (Organised Labour), Ms. S.A. Anders (Organised Labour), Mr. C.B. Botha (Organised Labour), Ms. S.T. Dinyake (Organised Labour), Ms. N.B. Jonas (Organised Labour),

Ms. F. Mabaso (Professional Bodies), Mr. S.M. Mpuu (Professional Bodies)

**CEO: Ms. G. Mkhize**

It is an offence in terms of the Skills Development Act of 1998 to provide false or misleading information in this Application. Your application will be rejected should false or misleading information be found. *INSETA reserves the right to verify the documented responses.*

I, .....(full names), in my capacity as ..... of ..... organisation declares that the information provided is correct and according to my knowledge, I have authority to bind the organisation accordingly. Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed Programme from the INSETA Discretionary Grant Policy and related Guidelines.

**Signature & Designation:**

.....

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Date: .....

For more information or queries and submission of the application in this regard may be emailed to [ntebellengp@inseta.org.za](mailto:ntebellengp@inseta.org.za) or telephone 011 381 8900 – Ntebelleng Pakkies.

NB – applicants must submit fully completed/signed form and the following attachments:

- i. - **Proposal and Project Plan**
- ii. - **Confirmation of Experience in Managing similar project**
- iii. - **Tax Certificate**
- iv. - **Proof of Bank Account Letter**
- v. - **CSD Registration**
- vi. - **Company Registration**
- vii. - **Budget Breakdown**
- viii. - **Risk Matrix for the project**

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