

Learnership Cash Grant (LCG) Application for Non Skills Development Levy Paying (NLP) Exempt Employers for the Period 1 January to 31 December 2010

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By completing and signing this application form, the authorized signatory confirms that the Learnership Cash Grant (LCG) application guidelines for the period 1 January 2010 to 31 December 2010 have been read and understood. **One** LCG application must be completed **per** learner. A maximum of 10 approved grants will be allowed per employer. **The grant is due on 31 March 2011.**

Section A: Particulars of the Organisation

Complete the information in the table below. Please specify all SDL numbers and corresponding organisation names.

Name of organisation _____

SDL number (include the SDL number and name of main and linked SDLs) _____

Date of submission of this grant application _____

Section B: Compliance with Criteria

Please tick (✓) the appropriate box if you comply with the statements below. If you do not comply with the statements below, please mark the box with an X. **Please note:** If you do not comply with the statements below, your grant will be rejected.

- | | | |
|--------------------------|------|--|
| <input type="checkbox"/> | Bi | This employer is a registered Non Levy Paying (NLP) with Fasset. |
| <input type="checkbox"/> | Bii | This employer employs _____ people i.e. less than 150 people. |
| <input type="checkbox"/> | Biii | An official learnership confirmation letter of the registered learner as indicated in Section C below is attached. |
| <input type="checkbox"/> | Biv | A copy of the South African Identity document of the registered learner as indicated in Section C below is attached. |
| <input type="checkbox"/> | Bv | A copy of the EMP 201 form is attached; indicating that the firm is a NLP with SARS. |

Section C: Learner Details

Please complete the table below in respect of the learner against whom you are claiming the grant. Refer to the Fasset website for details of the Learnership Title and Learnership Code.

Seta name	
Seta code	
Learnership title	
Learnership code	
Learner full name (first, middle, surname)	
Learner identity (ID) number	
Population group i.e. African, Indian or coloured	
Disability status and type of disability if applicable?	
Is this learner a South African citizen?	
Type of learnership (i.e. 18.1 or 18.2)	
Learnership commencement date	
Learnership end date	
Grant amount being claimed	
Estimated expenses for the learner on the duration of the programme e.g. tuition, living allowance	

Please refer to the guidelines document for detail on the information requested above.

Section D: Authorisation

SDF CONTACT DETAILS If you are not registered as a Skills Development Facilitator (SDF) with Fasset the grant will be rejected. If the applicant company is not a registered Non Levy Payer (NLP) with Fasset, the grant will be rejected. Please ensure that the SDF registration documentation is completed and approved by Fasset before submitting the LCG application..

Title _____ First Name _____ Surname _____

Initials _____ Identity No. _____ Tel work _____

REPRESENTATIVE OF EMPLOYER/MANAGEMENT

Name of **Authorised Signatory** (e.g. CEO, Managing Partner) _____

Position in organisation _____

We, the Authorised Signatory, and the Skills Development Facilitator, declare that this application for a **Learnership Cash Grant 2010/2011** in respect of insert SDL number/s) is to the best of our knowledge true and correct. We understand that Fasset may independently verify the information. We also understand that it is an offence in terms of section 33(b) of the Act to knowingly furnish any false information in this application and that we may be fined or imprisoned for one year if we are found guilty of knowingly furnishing such false information.

Signed (SDF) _____ Date _____

Signed (Authorised Signatory) _____ Date _____

Section E: Banking Details

Please complete this section in full even if you have submitted banking details before. Organisations completing a consolidated grant submission must complete a separate banking details form for each SDL number where banking details differ. Please note that banking details are only required for the purpose of a refund.

Registered Name _____

Trading Name _____

Skills Development Levy number _____ Company/Entity Registration Number _____

Details of Company/Entity bank account are as follows:

Name of Bank _____ Branch _____

Branch code _____ Account number _____

Type of account Please tick the appropriate box (✓)

Savings Current

Attach at least one of the following to confirm banking details:

- copy of cheque
- original cancelled cheque
- letter from the bank confirming the details

To Whom it May Concern: The Company/Entity authorizes you to pay any amounts which may accrue to the Company/Entity into the Company's/Entity's account with the bank reflected above. The Company/Entity understands that the credit transfers, which it has authorized, will be processed by computer through a system known as the "ACB ELECTRONIC TRANSFER SERVICES". The Company/Entity also understands that no additional advice of payment will be printed on the Company's/Entity's bank statement or any accompanying voucher. The Company/Entity may cancel this authority by giving thirty (30) days written notice to this effect, such notice to be sent by prepaid registered post.

Name _____ Identity No. _____

Job title _____ Date _____

Signed by the employer representative whose details appear above and who warrants that he/ she is duly authorized to bind the company