



tourism

Department:
Tourism
REPUBLIC OF SOUTH AFRICA

Postal Address

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Pretoria
0001

Physical Address

Tourism House
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Sunnyside, 0002

Contact Details

Call Centre: 0860 121 929
Switch board: (+27) 12 444 6000
Web: www.tourism.gov.za

INTERNATIONAL MARKET ACCESS SUPPORT PROGRAMME APPLICATION FORM

Name of Exhibition or Roadshow

NOTES

- A. Please ensure that you have read and understood the guidelines for the assistance you are applying for.
- B. Please ensure that you have read and answered all questions in the application form.
- C. Only electronically filled applications will be accepted.
- D. It is important that you provide us with the correct and complete information to ensure that your application is processed timeously.
- E. All applications should be signed by a duly authorised representative of the business
- F. Please remember to initial each page.
- G. All applications should be dated and submitted to the National Department of Tourism before or on the closing date.
- H. Please ensure that you have attached all the required documents.
- I. Please note all information provided will be subjected to a verification process and security vetting may be conducted where required.
- J. Please note that should you use any application form other than the one provided by the National Department of Tourism (NDT), your application will not be considered.

Check List

Attached (for applicant)

| | |
|--|--|
| 1. Copy of Certificate of Incorporation. | |
| 2. Copy of valid tax clearance certificate. | |
| 3. Copy of a B-BBEE level compliance certificate. | |
| 4. Proof of public liability cover i.e. letter from insurance provider, etc. | |
| 5. Proof of turnover category i.e. letter from auditor/accounting officer | |
| 6. Copy of the proposed traveller passport. | |
| 7. Comprehensive company profile outlining the entities products and services, including motivation. | |

Initial.....

1. DETAILS OF APPLYING BUSINESS

1.1. Registered Name of the Business

1.2. Registered Trading Name of the Business

1.3. Business Registration Type

1.3.1. If Other, specify:

1.4. Business Registration Number

1.5. Income Tax Number

1.6. Business Ownership Structure

(please attach separate sheet should more space be required)

| Name of owner/director/etc. | ID Number | Race (Black, Coloured, White, Indian, other) | Gender (M/F) | Living with disability (Yes/No) | owners under the age of 35 | Percentage of Shareholding (%) |
|-----------------------------|-----------|--|--------------|---------------------------------|----------------------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

1.7. Postal Address of Registered Business

.....

 Province

Code

1.8. Physical Address of Registered Business

.....

 District

Province

Code

1.9. Contact Person

1.9.1. Title

1.9.2. Position

1.9.2. Work Telephone

1.9.3. Cell Phone

1.9.4. E-Mail Address

2. OPERATIONAL DETAILS OF THE APPLYING BUSINESS

2.1. Tourism Sub – Sector?

| | | |
|--------------------------|---|-----------------------------------|
| <input type="checkbox"/> | Accommodation | Please specify accommodation type |
| <input type="checkbox"/> | Tour operator services | |
| <input type="checkbox"/> | Travel Agent | |
| <input type="checkbox"/> | Attraction, Recreation and Entertainment services | |
| <input type="checkbox"/> | Meetings, Exhibition and Special Events | |
| <input type="checkbox"/> | Other (please specify) | |

2.2. Brief description (not more than 100 words) of products or services offered?

2.3. Average number of clients/tourists served annually?

2.4. Please indicate the business percentage split between domestic and international clients/tourists?

2.4.1. International % 2.4.2. Domestic %

2.5. Please indicate your business's turnover category for the past three years:

2.5.1. Turnover category year one (recent)

2.5.2. Turnover category year two (past)

2.5.3. Turnover category year three (previous)

2.6. What is your business B-BBEE compliance level?

2.7. Is the business insured for public liability?

2.8. Is the business graded by the Tourism Grading Council of South Africa?

(if yes, how many stars?)

2.9. Is the business registered as a TOMSA Contributor?

If yes, please provide membership code number

Initial.....

2.10. Please indicate previous financial assistance offered during the last three years (3) years?

| Mark | Organisation |
|---|---|
| | Tourism Enterprise Partnership |
| | Industrial Development Corporation |
| | Government Entity (TGCSA, DTI, etc) |
| | Private Sector Association (Banks, Funding Donors, etc) |
| | Other (please specify) |
| | None |
| Please Specify the type of assistance and amount | |
| | |

2.11. Is the business a member of the TBCSA affiliated association? (if yes, please list below)

2.12. Is the business a member of any other **Non - TBCSA** affiliated association? (if yes, please list below)

2.13. Is the business a member of the Tourism Enterprise Partnership?

2.14. Total number of permanent employees?

(Please specify numbers)

| Race | Gender | | Total |
|--------------|--------|--------|-------|
| | Male | Female | |
| Black | | | |
| White | | | |
| Couloured | | | |
| Indian | | | |
| Other | | | |
| Total | | | |

2.15. Total number of part time/temporary employees?
 (Please specify numbers)

2.16. Total number of employees living with disability?

Initial.....

3. MOTIVATION FOR SUPPORT

3.1. Can you please provide us with a motivation why your company should be supported for this particular roadshow or exhibition? In your motivation please highlight your product/service offering relevance, target market, marketing initiatives undertaken to reach particular market.

3.2. Have you participated at any international tourism exhibition or roadshow in the past five (5) years? (if yes, please indicate the box below)

3.3. Have you exhibited at any domestic tourism exhibition or roadshow in the past five (5) years? (if yes, please indicate in the box below)

4. DETAILS OF PROPOSED TRAVELLER

| | | | |
|---------------------------------|----------------------|------------------------|----------------------|
| 4.1. Name of proposed traveller | <input type="text"/> | | |
| 4.2. Title | <input type="text"/> | 4.3. Position | <input type="text"/> |
| 4.4. Work Telephone | <input type="text"/> | 4.5. Cell Phone Number | <input type="text"/> |
| 4.6. E-Mail Address | <input type="text"/> | | |
| 4.7. Identity Number | <input type="text"/> | | |

5. DECLARATION

I in my capacity as Hereby declare that the information in this application is a fair and true reflection (incl. relevant attachments) of the applying business. I am aware of the fact that the information submitted above (incl. attachments) will have a material bearing on the adjudication of the application. Therefore should it appear that any information in the application was not correct or omitted, the adjudication committee shall be entitled to withdraw or amend its decision and without prejudice to its rights, to recover any amounts already paid or to withhold further payments due. Should my application be successful, I further undertake to furnish follow-up reports on the successes achieved by the trip no later than one (1) month after my return and upon the request by the department further on.

Signature Date

Please print the completed form, initial each page and sign. Completed forms are to be scanned and emailed/ couriered/hand delivered to the Department of Tourism.