

“FORM 5

REPUBLIC OF NAMIBIA

**SOCIAL SECURITY COMMISSION: DEVELOPMENT FUND
(SOCIAL SECURITY ACT, 1994 (ACT NO. 34 OF 1994))**

TO: The Executive Officer
Social Security Commission
Private Bag 13223
WINDHIOEK

**APPLICATION FOR FUNDING BY DEVELOPMENT AGENCY
(Regulation 13(1))**

(TO BE COMPLETED IN BLOCK LETTERS)

1. Name of Development Agency:

.....
.....

2. Postal address:

.....

3. Business address:

.....

4. Tel. number (.....) Fax number (.....)

Cellphone number

5. E-mail address:

.....

6. Type of program activities to be offered: (Mark with an “X”)

(a) Community infrastructure programs

(b) Small rural and urban infrastructure programs

(c) Community development programs



- (d) Community-based social services
 - (e) Labour mobility and retraining programs
 - (f) Job exposure and employment placement programs
 - (g) Technical innovation programs for sustainability
 - (h) Such other programs as the Commission may from time to time determine for purposes of employment schemes
7. Content of program activities (Supply full details of content of each program activity to be offered on separate sheet of paper)
.....
8. Amount of funding requested:
.....
9. Value of own contribution: *
.....
10. Number of persons to be involved in the employment scheme:
.....
11. Region and constituency where employment scheme is located:
.....
12. Name of leader of employment scheme:
.....
13. What experience does the leader of the employment scheme have? (Provide full details on separate sheet of paper)
.....
14. Will amount of funding be repaid? Yes: No
- If "Yes": (Period: Months) (N\$ Per month)

.....
Applicant name

.....
Application date

*Please attach proof of own contribution

The provisions of Regulation R. 1258 published in Government Gazette No. 3619 of 21 July 1972 having been complied with, I hereby certify that the deponent has acknowledged that he/she knows and understands the contents of this application which was signed and sworn to before me at this day of 20

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COMMISSIONER OF OATHS
FULL NAMES:
CAPACITY:
BUSINESS ADDRESS:

FOR OFFICIAL USE ONLY

Checked by: Date

Remarks:

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.....
.....”

FOR FURTHER INFORMATION, CONTACT:

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