7 Wessel Road Rivonia, 2128
Tel: +27 11 253 7300
E-mail: info@foodbev.co.za
Website: FoodBev.co.za

DISCRETIONARY GRANT

2026/2027

EXPRESSION OF INTEREST: TRADE UNIONS

CLOSING DATE: 07 AUGUST 2026

Applications are to be submitted to the FoodBev SETA

tradeunions@foodbev.co.za

SECTION A: APPLICANT DETAILS

Name of Applicant/ Organisation								
Organisation Category	Levy Payer				Non Levy payer			
Skills Development Levy Number *(if levy payer)*	L							
Period Of Company Existence	Less than 1 year		2-5 years		6-10 years		> 10 years	
Company Registration Number *(Cipro No.)*								
Vat Registration Number								
Type of Company								
Applicant/Organisation Contact Person	Name							
	Designation							
	Telephone Number							
	Mobile Number							
	Fax Number							

	Email Address				
Physical Address Of Applicant					
	Municipality				
	Province		Code		
Postal Address Of Applicant *(if not the same as above)*					
	Municipality				
	Province		Code		
Size of business and number of employees	**Business Size**		**No. of permanent employees**	**Specify exact number of permanent employees**	
	Micro		0 – 9		
	Small		10 – 49		
	Medium		50 – 149		
	Large		+150		
Main activities of business			**SIC CODE:**		
Total annual payroll for all employees	**R**				
Chamber Focus:	**BEVERAGES**	**BCCS**	**DAIRY**	**FOODPREP**	**PROCESSED**

SECTION B: Discretionary Grant

PROGRAMME	PROGRAMME TYPE (LSH/SP/BUR)	NUMBER of LEARNERS (EMPLOYED)	START DATE	END DATE

Training Provider Details (Please attach proof of accreditation for relevant programme)

ME OF TRAINING PROVIDER	CREDITATION/PROGRAMME APPROVAL NUMBER

AUTHORISATION OR DECLARATION

I, the undersigned, submit this information in fulfilment of this entity's legal obligation in terms of the skills development legislation and regulations. I declare that, to the best of our knowledge, the information contained in the application is accurate and up to date.

I recognise that any inaccurate statement in this document may constitute fraud and be subject to the full penalty of the law.

Employer (Duly authorised person to sign)	
Name	
Position in company	
Signature	
Date	