

DISCRETIONARY GRANT 2026/2027
EXPRESSION OF INTEREST: TRADE UNIONS

Opening Date: 02 October 2026

Closing Date: 16 October 2026

 Applications are to be submitted to the FoodBev SETA at 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)			
Period of Company Existence	☐ Less than 1 year	☐ 2 – 5 years	☐ 6 – 10 years
	☐ More than 10 years		
Company Registration Number (CIPRO No.)			
VAT Registration Number			
Type of Company			
	Name		

Mr S. Ngcukana: Independent Board Chairperson, Ms N. Selamolela: Chief Executive Officer

Applicant / Organisation Contact Person	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 & Number of Employees	Business Size	No. of Permanent Employees	Specify Exact Number
	☐ Micro	0 – 9	
	☐ Small	10 – 49	
	☐ Medium	50 – 149	
	☐ Large	+150	

Mr S. Ngcukana: Independent Board Chairperson, Ms N. Selamolela: Chief Executive Officer

Main Activities of Business		SIC Code	
Total Annual Payroll for all Employees	R		
Chamber Focus	☐ Beverages	☐ BCCS	☐ Dairy
	☐ Food Processing		

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 the relevant programme)*

Name of Training Provider	Accreditation / Programme Approval Number

AUTHORISATION / DECLARATION

Mr S. Ngcukana: Independent Board Chairperson, Ms N. Selamolela: Chief Executive Officer

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 this 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	