



CALLING FOR FUNDING APPLICATIONS

PREMIER'S YOUTH DEVELOPMENT FUND

2026/27-2027/28

The Office of the Premier of Mpumalanga is calling for funding applications from interested young entrepreneurs to apply for 2026/27 - 2027/28 Premier's Youth Development Fund (PYDF). The fund is aimed at assisting deserving young people aged 18-35 years to kick-start and grow their business ventures.

Potential candidates should ensure that their application is in a form of a **SOUND BUSINESS PLAN** accompanied by the following returnable documents:

- » Certified ID copy
- » Curriculum Vitae
- » Proof of Residence (certified)
- » Company Registration Documents (100% Youth-Owned)
- » Valid SARS Tax Pin
- » BEE certificate (CIPC or Sworn Affidavit)
- » Proof of active business account
- » Proof of market / offtake agreements

Applications should be submitted in the **2026 PYDF Application Form**, which is accessible on www.mpg.gov.za

Enquiries should be directed to Mr. SA Dhlamini: 013 766 2006 or Ms. RV Zwane 013 766 2005

NB: faxed or emailed applications will not be accepted.

Beneficiaries of the PYDF are not encouraged to apply.

Please forward your application to:
The Acting Director – Youth Development, for the attention of Mr SB Ntandane,
Private Bag X11291, Mbombela, 1200.

Physical Address: Office of the Premier, Makhonjwa Building, First Floor, Riverside Park, Government Boulevard, Mbombela

Closing Date: Friday, 28 August 2026 at 16h00
If no correspondence is received within six months after the closing date, applicants must accept that their applications have been unsuccessful.



"Mpumalanga, a Province that works for all"



2026/27-2027/28 APPLICATION FORM PREMIER'S YOUTH DEVELOPMENT FUND (PYDF)





MPUMALANGA
PROVINCIAL
GOVERNMENT

2026/27-2027/28 APPLICATION FORM

PREMIER'S YOUTH DEVELOPMENT FUND (PYDF)

SECTION A
BUSINESS DETAILS

Surname of Applicant:

Full Names of Applicant:

Age of Applicant:

Gender	MALE	FEMALE	OTHER	Disability Status	YES	NO
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Name of Entity:

Registration Number of Business Entity:

Position/Role in relation to the Applicant:

ID no of individual representing the Business Entity:

E-mail:

Tel:

Cell 1:

Cell 2:

Business Physical Address:

City/Town:

Province:

District Municipality

Local Municipality:

Country:

Ward Number:

SECTION B
FUNDING INFORMATION

Total Grant Required from Youth Fund:

☐ R

Initials: _____

Owner/s Contributions or other funding received or applied to the Business:

R _____

Name: _____

R _____

Name: _____

R _____

Name: _____

R _____

Name: _____

R _____

Name: _____

1. Do you have an existing business that is currently in operation?
2. Have you ever received any Entrepreneurship Development Training?
3. Do you have an existing loan or received funding in the past 12 months?
If yes please provide funding details below.

Yes

No

Yes

No

Yes

No

Job creation information

How many current jobs and/or jobs do you intend to create?

		Before Funding						After Funding					
		Number		Disabled		Average Age		Number		Disabled		Average Age	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
African													
White													
Indian													
Coloured													
Total													

Initials: _____



SECTION C
OWNERSHIP INFORMATION

Shareholders/ Beneficiaries

Name & Surname	Race	ID Number	Shareholding %

Executives/ Directors/Trustees/Members/Partners

Name & Surname	Race	ID Number	Role in the business

SECTION D
PLEASE INDICATE THE SECTOR IN WHICH THE BUSINESS OPERATES IN
Note: Please Select One

Manufacturing		Mining	
Science, Technology and Innovation		Creative Arts	
Agriculture		Green Economy	

Other* (please specify) – e.g. Catering, Education and Skills Development

Brief description of the Business: - core business activities, start date etc.

Why do you need the grant amount? Give a detailed explanation for the use of the grant amount

Utilisation	Amount	Explanation
Machinery & Equipment		
Building / Rent		
Stock		
Salaries		
Other -		
Other -		
Other -		

Initials: _____

SECTION E PERSONAL INFORMATION COLLECTION NOTICE AND CONSENT FORM

Please be advised that by completing this form the Applicant and all entities and or individuals referred to herein acknowledge that their personal information (hereinafter referred to collectively as "your/your personal information") will be required to be disclosed and processed for consideration under the grant funding contemplated herein to conduct all necessary background checks required in accordance with South Africa's Anti-Money Laundering Legislation and FICA processes in-order to assess your creditworthiness, conduct criminal checks, investigate prior convictions and judgements, validate all educational certification and employment history, interrogate any other information provided in support of this application.

In this regard, please note the following in accordance with Protection of Personal Information Act 4 of 2013, as amended from time to time:

- » The processing of your personal information complies with obligations imposed by law.
- » Your personal information shall not be retained any longer than is necessary for achieving the purpose for which the information was collected and all records of your personal information shall be deleted within 45 days as same is no longer required.
- » The integrity of all personal information and authorized Responsible Party and or Data Processor is protected by taking appropriate, reasonable technical and organizational measures to prevent loss, damage unauthorized destruction, unlawful access to or processing of personal information.
- » You have the right to access and rectify the information collected, including information about the identity of all 3rd parties who have access to the information.

SECTION F DECLARATION

The Applicant and all entities and or individuals represented in this application expressly agrees and warrants that:

- 1) The below mentioned signatory/is are duly authorized on their behalf and has the consent of all entities and or individuals referred to in this application to provide the personal information for the purposes set out above.
- 2) All information provided in this document and all auxiliary documentation including but not limited to the Business Plan is true, accurate and complete.

SURNAME & INITIALS	IDENTITY NUMBER	SIGNATURE	DATE

The Business Entity and all individuals, directors, shareholders, members, trustees or partners and all parties represented in this application represent and warrant that:

- » The information provided in respect of this application is true, accurate and complete;
- » No litigation, arbitration or liquidation, sequestration or business rescue proceedings are present, pending or threatened against it. If any such is present, pending or threatened full details should be disclosed in this application.

☐ YES	☐ NO
Signatute of applicant:	Date:

Initials: _____

SECTION G
ADDITIONAL INFORMATION REQUIRED

To be submitted with the application form.

#	Detailed checklist:	Mark with an X if included
1	The above Application Form fully completed	
2	Incorporation/ Registration Documents of the Business Entity	
3	Valid SARS Tax Pin	
4	BEE Certificate (CIPC or Sworn Affidavit)	
5	Proof of Residence	
6	Proof of active business account	
7	CVs of Shareholders, Directors, Executives, Members of the Business	
8	Certified ID copies of Shareholders, Directors, Executives, Members of the Business	
9	Business Plan with the following minimum information:	
	(a) Business Description, History, Location, Key Suppliers, etc.	
	(b) Analysis of Market, Customers and Competitors	
	(c) Analysis of production plan and processes	
	(d) Human Resources (Company organogram and CVs of key people)	
	(e) Marketing and Sales Plan	
	(f) Proof of Market / Offtake Agreement	
	(g) Capital Expenditure Plan (Machinery and Equipment and their costs);	
	(h) Financial Forecast for 3 years (including Total Revenue, Total Costs and Profit)	
	(i) Unique Selling Proposition (Why is your business different and why will it succeed?)	
	(j) All pages of this application form are initialed?	

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