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  **NOMINATION FORM** **Annexure C4**

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| **BEST ENTREPRENEUR: COMMERCIAL****DALRRD WOMEN ENTREPRENEUR AWARDS 2024/25 -2028** |
|  Western Cape Department of AgriculturePrivate Bag X1, Elsenburg, 7607 |
|   Tel: Email: (Details of District Manager / District Coordinator) |

## SECTION 1

**Personal Information:**

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| --- |
| Name of the enterprise (e.g. Luthando LTD)  |
| Name of owner: (e.g. Ms Noluthando Maseko)  |
| Job title of the nominee:  |
| Physical address: |
| ID (attach copy): Yes  |
| Postal address:  |
| Banking details:  |
| Contact numbers and e-mail for the owner: Contact number and e-mail for a nominee: |

## SECTION 2

**Enterprise Information:**

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| --- |
| 2. 1 Type of enterprise: Agro Processing 2. 2 Specialised Commodity:  |

|  |
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|  |
| 2. 3 Background of the enterprise:  |
| 2.4. **Legal requirements and cooperate governance standards (Attach Evidence)**  | **Please Tick**  |
| 2.4.1. Entity registration certificate  |   |
| 2.4.2. Information on occupational health and safety matters(e.g. protective clothing)  |   |
| 2.4.3. Unemployment Insurance Fund(UIF) records  |   |
| 2.4.4. Employment contracts, salary advises and leave records  |   |
| 2.4.5. Tax Clearance certificate  |   |
| 2.4.6. Industry Compliance/Requirements/norms and standards (e.g. Phytosanitory and Health Requirements, HAACP, Local and global gap, SABS)  |   |
| 2.4.7. BBBEE Level 2 Certificate  |   |
| **Processing practices**   2.5 Processing Methods:     2.5.1 Indigenous Knowledge Systems (IKS) N/A     2.5.2 Use of new technology (Innovation):    2.5.3 Responsible use of production inputs (pesticides, vaccines, etc.):  |
|  2.6 Natural Resources Management:   2.6.1 Caring for natural resources, adaptation and mitigation to climate change:  |

## SECTION 3

**Financial management:**

Describe your recording keeping system citing the types of financial journals you keep (cash flow, enterprise budget, balance sheet etc.)

 **SECTION 4**

**Processing:**

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| --- |
| Demonstrate Value chain standards: (e.g. HAACP, Phytosanitary and health requirements)  Demonstrate Labeling of ingredients: Demonstrate Handling and packaging:  |
| **Quality of product and quantity of processed produce:**  |
| **Produce**  | **Quality**  | **Quantity**  |
|  |  |  |
|   |   |   |

## SECTION 5

**Marketing plan:**

|  |
| --- |
| Mention the existing markets ( indicate formal or informal Local/ national/ international): Monetary value of the sales:  |
| **Produce**  | **Quantity**  | **Price**  | **Total amount**  |
|  |  |  |  |
|  |  |  |  |

## SECTION 6

**Job creation:**

|  |  |
| --- | --- |
| Indicate total number of permanent and seasonal jobs created:  |   |
| Seasonal Jobs creation  | Permanent Jobs  |
| Persons with disability: Youth: Women: Men: | Persons with disability: Youth:Women:Men: |

Sustainability of jobs created (Indicate number of jobs created over the past two years and the

average number of years permanent employees have been retained):

## Section 7

**Investment in human capital development:**

Skills transfer (Mentoring, coaching and capacity-building programmes):

 Programmes focusing on staff well-being:

 **Section 8**

**Social responsibility**

 Indicate Contribution to community development:

 **Name of Nominee:**

Signature: Date:

**Name of the Nominator (Extension Officer name):**

Signature: Date:

**Name of the District Manager:**

Signature: Date: