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

# NOMINATION FORM

**Annexure C6**

## SECTION 1

**Personal Information:**

|  |
| --- |
| 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: |
| Postal address: |
| Banking details: |
| Contact numbers and e-mail for the owner: Contact number and e-mail for a nominee: |

## SECTION 2

**Enterprise information:**

2.1 Type of Enterprise:

|  |  |
| --- | --- |
| 2.2 Specialized Commodity: |  |
| 2.3 Background of the enterprise : |  |
| 2.4. **Legal requirements and corporate governance standards** | **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 |  |
| **Farming practices**          2.5. Farming Methods:          2.5.1 Indigenous Knowledge Systems (IKS)          2.5.2 Use of new technology (Innovation)          2.5.3 Responsible use of production inputs (pesticides, fertilizers, 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

**Production:**

|  |  |  |
| --- | --- | --- |
| 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 produce:** | | |
| **Produce** | **Quality** | **Quantity** |
|  |  |  |
|  |  |  |
|  |  |  |

## SECTION 5

**Marketing plan:**

|  |  |  |  |
| --- | --- | --- | --- |
| Mention the existing markets( indicate formal and informal local market): | | |  |
| Monetary value of the sales: | | |  |
| **Produce** | **Quantity** | **Price** | **Total Amount** |
|  |  |  |  |
|  |  |  |  |

## SECTION 6

**Job creation:**

|  |  |
| --- | --- |
| Number of permanent and seasonal jobs created: | |
| Seasonal Jobs creation | Permanent Jobs |
| Persons with disability:  Youth:  Women: | Persons with disability:  Youth:  Women: |
| Sustainability of jobs created: | |

## SECTION 7

**Investment in human capital development:**

|  |
| --- |
| Skills transfer (Mentoring, coaching and capacity-building programmes):    Programmes focusing on staff well-being: |
| 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: