



**MANDATORY GRANT DELEGATION AND DECLARATION
2025-2026 MANDATORY GRANT SUBMISSION**

SDL Number	
Company name	
CONFIRMATION OF TOTAL EMPLOYEES REPORTED ON ATR:	
Number permanent employees trained (Includes permanent, fixed term contract and real estate agent)	
Number of terminated permanent employees trained (Includes permanent, fixed term contract and real estate agent)	
Number unemployed learners trained (Includes unemployed learners)	
TRAINING BUDGET:	
Total personnel budget for this financial year	
1% of the personnel budget	
Total planned budget for the current financial year	
Additional funding planned for the current financial year	

Delegation:

We, the undersigned, confirms that the below mention skills development facilitator has been appointed by the employer to administer the submission of the Mandatory Grants application on our behalf.

- **Please attach the employer's skills development facilitator appointment letter with this declaration.**

Declaration:

We, the undersigned, submit this document in fulfilment of the *SETA Grant Regulations Regarding Monies received by SETAs and Related Matters, N. R. 990,02 December 2012* (DHET 2012). We declare that, to the best of our knowledge, the information contained in our WSP/ATR submissions are accurate and up to date. We recognise that any inaccurate statement in this document may constitute fraud and be subject to the full penalty of the law. We hereby grant permission to the Services SETA to conduct an on-site audit to verify the data submitted. We agree to co-operate fully with our designated SETA, by providing the SETA representatives with all supporting evidence in relation to the data submitted.

Designated Signatory	First Name & Surname	Contact number	E-mail	Signature	Date
COMPILED BY:					
Skills Development Facilitator					
TRADE UNION REPRESENTATIVE/ EMPLOYEE REPRESENTATIVE:					
Designated Employee Representative					
AUTHORISED BY:					
CEO/ MD					

Note: All signatures required to be completed in full



CONSENT TO PROCESS PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT, NO. 4 OF 2013 (POPIA)

The purpose of the POPIA is to protect personal information of individuals and businesses and to give effect to their right of privacy as provided for in the Constitution. By signing this form, you consent to your personal information being processed by the Services SETA and consent is effective immediately and will remain in effect until such consent is withdrawn.

1. I, a natural person “herein referred to as the Data Subject” hereby give my consent, as the authorised person of the applicant company, to the Services SETA “herein referred to as the Responsible Party” to collect, process and distribute personal information related to the submission of a Mandatory Grants application i.e. the skills development facilitator, skills development provider, unemployed learners, applicant company and employees of the company, where the Services SETA is legally required to do so.

2. I understand my right to privacy and the right to have my personal information and all the above-mentioned data subjects’ personal information, to be processed in accordance with the conditions for the lawful processing of personal information.

3. I understand the purposes for which the information is required and for which it will be used and consent to third party access to the information and to the Services SETA in sharing the information strictly for reporting purposes.

4. I understand that, should I refuse to provide the Services SETA with the required consent and/ or information, the Services SETA may be unable to assist me.

5. I declare that all personal and the above-mentioned data subject’s information supplied to the Services SETA is accurate, current, not misleading and that it is complete in all respects and will be held and/ or stored securely for the purpose for which it was collected.

Authorised Signatory Designation	First Name and Surname	Identity number	Signature	Date

The Authorised Person must be the CEO/ Director or authorised Executive
External Skills Development Facilitator may not sign on behalf of the application company



NON-LEVY PAYING EMPLOYER DECLARATION (TO BE COMPLETED BY NON-LEVY PAYING EMPLOYERS ONLY)

A Copy of the employers SARS Statement of Account (SARS EMPSA) must be attached.

COMPANY INFORMATION		
Non-levy number used to submit on the LMIS:	N	
Company registered name:		
Company registration number:		
Employers actual SDL number:	L	
State with which seta the employer is currently registered:		
INTERSETA TRANSFER INFORMATION		
Did the employer submit with the Services Seta as a NLPE due to ongoing InterSETA transfer application?	YES	NO
COMPLETED BY		
Full name and surname:		
Designation within the organisation:		
Date:		
Signature:		