



MANDATORY GRANT DELEGATION AND DECLARATION 2026-2027 MANDATORY GRANT SUBMISSION

SDL Number	
Company name	
CONFIRMATION OF TOTAL EMPLOYEES AT SUBMISSION:	
Total number of employees at the time of submission	

1. COMPLIANCE WITH SIGNATURE REQUIREMENTS

1.1 In terms of Regulation R990 of the Skills Development Act, 1998 (Act No. 97 of 1998), this document must be fully signed by all relevant parties as listed below. Any document that is incomplete, partially signed, or otherwise non-compliant shall be deemed invalid and treated as a non-submission of the application for all purposes under the Act.

2. DELEGATION:

2.1 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.

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

3. EXECUTIVE DECLARATION:

3.1 We, the undersigned, hereby submit this document in strict compliance with the SETA Grant Regulations Regarding Monies Received by SETAs and Related Matters, N.R. 990, 02 December 2012 (DGET 2012).

3.2 We declare and warrant, to the best of our knowledge and belief, that all information contained in our WSP and/or ATR submissions is complete, accurate, and up to date. We acknowledge that any false, misleading, or incomplete information in this submission may constitute fraud, render the employer ineligible for SETA grants, and expose us, as signatories, to the full civil and criminal penalties under South African law.

3.3 We further grant the Services SETA the authority to conduct an on-site audit to verify the data submitted. We undertake to fully cooperate with SETA representatives, providing all supporting documentation and evidence relating to this submission.

3.4 By signing this document, we accept personal and corporate accountability for the accuracy, completeness, and timeliness of the information submitted and acknowledge that non-compliance may result in recovery of funds, disqualification from future grants, and/or legal action.



Designated Signatory	First Name & Surname	Designation	Contact number	E-mail	Signature	Date
COMPILED BY:						
Skills Development Facilitator		Skills Development Facilitator				
TRADE UNION REPRESENTATIVE/ EMPLOYEE REPRESENTATIVE:						
Designated Employee Representative						
AUTHORISED BY:						
Chief Executive Officer/ Managing Director						

(Note: Document must be completed in black pen)

Designation	Description
Skills Development Facilitator:	The designated Employer representative or representatives responsible for conducting skills audits, developing Workplace Skills Plans (WSPs), and monitoring and reporting on their implementation. The designated Employer may, where appropriate, subcontract the functions of a Skills Development Facilitator Employer.
Trade Union:	Where a Trade Union Recognition Agreement is not in place, the employer representative must sign the Delegation and Declaration form.
Employee Representative:	An employee appointed or elected to act on behalf of the workforce in Skills Development matters where a recognised Trade Union does not exist. The employee representative does not hold a management position but is authorised to participate in consultations, provide input, and co-sign documentation such as the Delegation and Declaration form, ensuring the workforce's interests and perspectives are represented in accordance with the Skills Development Act and SETA requirements.



Management Representative (Employer Representative)	For the purposes of this document, a Management Representative refers to a member of the company's management team, such as the CEO, Managing Director, or any other senior manager, who is duly authorised to act on behalf of the employer. This individual is empowered to provide accurate information, make decisions required for compliance with SETA regulations, and sign this document, including the Delegation and Declaration form, on behalf of the company.
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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)

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:		

INSTRUCTIONS

1. Attach a copy of the employer's SARS Statement of Account (SARS EMPSA). It must reflect the applicant employer.
2. Non-Services SETA members: Submit your application to your correct SETA. Do not use the Services SETA non-levy section of the LMIS.
3. InterSETA Transfer (IST) from SETA 0 or SETA 99: Submit your application to ist_admin@serviceseta.org.za