



## KWAZULU-NATAL PROVINCE

ECONOMIC DEVELOPMENT, TOURISM  
AND ENVIRONMENTAL AFFAIRS  
REPUBLIC OF SOUTH AFRICA

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[Programme/Sub-Programme: Sector Development: Agribusiness](#)

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## COSMETICS AND ESSENTIAL OILS INDUSTRY SUPPORT PROGRAM 2025-26

### APPLICATION FORM

#### SECTION A: APPLICANT DETAILS

Business/Enterprise Name: \_\_\_\_\_

CIPC Registration Number: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Physical Address of Business:

\_\_\_\_\_  
\_\_\_\_\_

District Municipality: \_\_\_\_\_

Contact Person Full Name: \_\_\_\_\_

Position/Title in Business: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Landline (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Website/Social Media (if available):

\_\_\_\_\_  
\_\_\_\_\_

#### SECTION B: BUSINESS OWNERSHIP INFORMATION

Ownership Type (Tick applicable):

☐ Individual Owner    ☐ Partnership    ☐ Cooperative    ☐ Private Company (Pty) Ltd

Ownership by Previously Disadvantaged Individuals (PDIs):

Is the business PDI-owned?    ☐ Yes    ☐ No



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Percentage ownership by:

Women: \_\_\_\_\_%

Youth (18-35): \_\_\_\_\_%

Persons with Disabilities: \_\_\_\_\_%

Black South Africans: \_\_\_\_\_%

### SECTION C: BUSINESS OPERATIONS

Please describe your current business activities, including products manufactured and processes involved:

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Types of Products You Produce (tick all that apply):

- ☐ Essential Oils (e.g. rose geranium, lavender, tea tree, etc.)
- ☐ Natural Skincare Products (e.g. soaps, lotions, body butters)
- ☐ Haircare Products (e.g. oils, conditioners, treatments)
- ☐ Aromatherapy & Wellness (e.g. balms, inhalers, bath oils)
- ☐ Plant-based Health Supplements (e.g. immune boosters, herbal tinctures)
- ☐ Other (please specify): \_\_\_\_\_

Raw Materials Used and Source (indicate if locally sourced):

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Please indicate current scale of operation:

- ☐ Small-scale (home-based or micro manufacturing)
- ☐ Medium-scale (formal facility with some mechanization)
- ☐ Other (please specify): \_\_\_\_\_

Approximate monthly sales volume/value (ZAR): \_\_\_\_\_



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Current Markets (tick all that apply):

☐ Informal Local Market

☐ Formal Retail Outlets

☐ Online/E-Commerce

☐ Export

☐ Other (specify): \_\_\_\_\_

### SECTION D: SUPPORT REQUIRED

Please indicate areas where your business requires support (tick all that apply):

☐ Product development & formulation

☐ Product testing & quality assurance

☐ Compliance support (ISO, GMP, SABS, etc.)

☐ Certification readiness

☐ Packaging, branding & labelling enhancement

☐ Other (please specify): \_\_\_\_\_

Briefly describe how this support will benefit your business and assist with commercialization:

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### SECTION E: ATTACHMENTS CHECKLIST

Please attach the following mandatory documents:

☐ Business Profile

☐ Description of current products and operations

☐ Copy of CIPC Registration Certificate

☐ Proof of operating address (e.g. utility bill, lease, etc.)

☐ Recent sales records/proof of market (invoices, purchase orders, etc.)



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☐ Owner's ID Copy/ies

☐ Motivation letter (benefit from programme and interventions requested)

### DECLARATION

I hereby declare that the information provided is true and correct to the best of my knowledge. I understand that submission does not guarantee selection for the programme.

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_