

Focused Enterprise Development Application form



RBED

Royal Bafokeng Enterprise Development NPC

SMME DETAILS

SMME Name			
SMME legal entity	SOLE PROPRIETORSHIP / PARTNERSHIP / CC / PTY (LTD) / Co-operative/ Other (specify)		
SMME Registration No.			
Names of directors / members	Name	ID	%
Business telephone no.			
Primary contact person	Name:	Cell:	
Business email address			
Physical address			
Bafokeng Region			
Bafokeng Village			
Kgosana name			
Is the SMME registered for income tax?	Yes / No		
Briefly state the SMME's <u>core</u> field of activity or primary services	_____ _____ _____ _____		

Sector your business operates in (Please tick)	Extractive Sector (agriculture, forestry, fishing and mining);	Transformative Sector (construction, manufacturing, transportation, communication, utilities and wholesale distribution)	Business Services (finance, insurance and real estate)	Consumer Services (retail, motor vehicles, lodging and restaurants, personal services, education and recreational services)
How many people do you currently employ?	Less than 10	More than 10 but less than 50	50 or more	
How many people do you expect to employ within the next 3 years?	Less than 10	More than 10 but less than 50	50 or more	
How long has your business been trading? (Please tick)	Less than 1 year	Between 1 and 3 years	More than 3 years (please specify number of years)	

What was your primary motivation for starting this business?

Please state the <u>primary</u> motivation for applying to be a part of the focussed ED approach programme?					
What is the biggest barrier limiting growth in your company?					
What support do you need to achieve real growth in the next 24 Months?					
Do the company/owner(s) / member(s) / shareholder(s) have a clear credit record? Yes/No If no, please provide details.					
Do the company/owner(s) / member(s) / shareholder(s) have a clear criminal record? Yes/No If no, please provide details.					
OWNER BIOGRAPHICAL QUESTIONNAIRE (please specify for ALL directors / members of the SMME)					
Member Name:					
Gender (Please tick)		Male		Female	
Age (Please tick)		18 -24	25 -34	35 - 44	45 - 54 55 - 64
Population Group (Please tick)		Black African	Coloured	Indian	Asian
Level of Education (Please tick)		Grade 11 or below	Grade 12	Tertiary	
Member Name:					
Gender (Please tick)		Male		Female	
Age (Please tick)		18 -24	25 -34	35 - 44	45 - 54 55 - 64
Population Group (Please tick)		Black African	Coloured	Indian	Asian
Level of Education (Please tick)		Grade 11 or below	Grade 12	Tertiary	
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Level of Education (Please tick)		Grade 11 or below	Grade 12	Tertiary	

QUALIFICATIONS, SKILLS AND EXPERIENCE

Proven industry knowledge, qualifications and experience

Part of the screening process is to establish whether as a business owner you have a demonstrable experience in the type of business that you are currently conducting or wish to enter into. We need specific information pertaining to studies undertaken in that particular field, work experienced gained for a company in the field, skills developed in the field and / or a combination of all of these.

Qualifications

Member Name:			
Name of institution	Qualification obtained	Period of study	List major and final year subjects

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Work experience

Member Name:			
Name of company	Position	Period of employment	Experience acquired

Member Name:			
Name of company	Position	Period of employment	Experience acquired

Member Name:			
Name of company	Position	Period of employment	Experience acquired

Skills Acquired

Member Name:			
Skill	How was this acquired?	Period of use	Level of skill

Member Name:			
Skill	How was this acquired?	Period of use	Level of skill

Finance

What was the average monthly turnover of the SMME for the past year? R _____

How much money will be needed to operate in the next 12 months assuming your business stays the same size? R _____

[Please attach projected operational budget of the business for the next 12 months (highlighting your own income / salary expectations.)]

What is the current Gross profit achieved in the business? _____%

What will be the primary source of capital for the business during the 12 month period?

Source of funding	Notes
Owners' capital (from savings etc.)	
Loan (please specify)	
Grant (Provide detail)	
Retained income in SMME	
Other (please specify)	

Please attached the last financial year's audited / approved financial statements.

Market

List at least three major competitors to your product and / or service:

Give an indication of who your existing customers for the product / service are:

Give an indication of who your potential customers for the product / service are:

By signing below, I / we hereby certify that the company / close corporation is at least 51% black owned, and at least 25.1% Bafokeng owned. Preference will be given to SMME with a majority Bafokeng ownership Bafokeng owned.

“**Black People/Person**” means African, coloured or Indian persons who are South African citizens by birth or by descent or who were naturalized prior to the commencement of the interim constitution in 1993. It also includes black people who became South African citizens after the constitution’s commencement but who would have been able to be naturalised prior to this, were it not for Apartheid laws which prohibited naturalisation of certain persons.)

I _____, Identity Number _____

I _____, Identity Number _____

I _____, Identity Number _____

hereby:

- certify that the information provided by me/us in this application form is accurate and complete in all respects;
- agree and authorise RBED and/or its authorised agents to make my/our name, surname and identity number and/or fingerprints available to the South African Police Service, and educational institutions, credit bureaus and where necessary to request the South African Police Service, educational institutions, credit bureaus to furnish personal information regarding my/our criminal background, criminal history, previous conviction/s and/or any other relevant information such as usually furnished by the criminal record centre of the South African Police Services and/or educational institution in this regard to RBED and/or its authorised agent;
- agree that RBED may use the information contained in this application form for research and marketing purposes;
- agree that the provision of information in this application form shall not create a legal agreement in any shape or form between the me/us and RBED (the “Parties”) nor authorise either of the Parties to incur any liability on behalf of the other of them, except to the extent expressly provided for in this document.

SIGNED at _____ this _____ day of _____ 20__.

APPLICANT

APPLICANT

APPLICANT