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|  **2020/21 APPLICATION FORM** **MPUMALANGA YOUTH DEVELOPMENT FUND** |
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| **SECTION A BUSINESS DETAILS** |
| **Name of Applicant:** |
| **Age of Applicant:** |
| **Gender** | ***MALE*** | ***FEMALE*** | **Disability Status** | ***YES*** | ***NO*** |
| **Name of Entity:** |
| **Registration Number of Business Entity:** |
| **Position/Role in relation to the Applicant:** |
| **ID no of individual representing the Business Entity:** |
| **E-mail:** |
| **Tel:** | **Fax:** | **Cell:** |
| **Applicants Business Details - address and trading name:** |
| **City/Town:** | **Province:** |
| **District Municipality** | **Local Municipality:** |
| **Country:** | **Code:** |
| **SECTION B FUNDING INFORMATION** |
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| **Total Grant Required from Youth Fund:** | * **R**
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| **Owner/s Contributions or other funding received or applied to the Business:**  |
| **R R R** **R R**  | Name: Name: Name: Name: Name:  |

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| 1. **Do you have an existing business that is currently in operation?**
 |  | Yes |  | No |
| 1. **Have you ever received any Entrepreneurship Development Training?**
2. **Do you have an existing loan or received funding in the past 12 months? If yes please provide funding details below.**
 |  | YesYes |  | NoNo |
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| **Job creation information** **How many current jobs and/or jobs do you intend to create?** |
|  |  | Before Funding | Disabled | Average Age | After Funding | Disabled | Average Age |
|  |  | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| African |  |  |  |  |  |  |  |  |  |  |
| White |  |  |  |  |  |  |  |  |  |  |
| Indian |  |  |  |  |  |  |  |  |  |  |
| Coloured |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |

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| **SECTION C OWNERSHIP INFORMATION** |
| **Shareholders/ Beneficiaries** |
| **Name & Surname** | **Race** | **ID Number** | **Shareholding %** |
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| **Executives/ Directors/Trustees/Members/Partners** |
| **Name & Surname** | **Race** | **ID Number** | **Role in the business** |
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| **SECTION D****PLEASE INDICATE THE SECTOR IN WHICH THE BUSINESS OPERATES IN** |
|  Construction |  |  Mining |  |
|  Manufacturing |  |  Tourism |  |
|  Information Communication Technology |  |  Pharmaceutical |  |
|  Agriculture |  | Transport and logistics |  |
| **Other\* (please specify) – catering, security, services** |
| **Brief description of the Business: - core business activities, start date etc.** |
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| **Why do you need the grant amount? Give a detailed explanation for the use of the grant amount** |
|  | **Utilisation** | **Amount** | **Explanation** |  |
|  | Machinery & Equipment |  |  |  |
|  | Building / Rent |  |  |  |
|  | Stock |  |  |  |
|  | Salaries |  |  |  |
|  | Other - |  |  |  |
|  | Other - |  |  |  |
|  | Other - |  |  |  |

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| **SECTION E****PERSONAL INFORMATION COLLECTION NOTICE AND CONSENT FORM** |
| Please be advised that by completing this form the Applicant and all entities and or individuals referred to herein acknowledge that their personal information (hereinafter referred to collectively as “your/your personal information”) will be required to be disclosed and processed for consideration under the grant funding contemplated herein to conduct all necessary background checks required in accordance with South Africa’s Anti-Money Laundering Legislation and FICA processes in-order to assess your creditworthiness, conduct criminal checks, investigate prior convictions and judgements, validate all educational certification and employment history, interrogate any other information provided in support of this application.In this regard, please note the following in accordance with Protection of Personal Information Act 4 of 2013, as amended from time to time:* The processing of your personal information complies with obligations imposed by law.
* Your personal information shall not be retained any longer than is necessary for achieving the purpose for which the information was collected and all records of your personal information shall be deleted within 45 days as same is no longer required.
* The integrity of all personal information and authorized Responsible Party and or Data Processor is protected by taking appropriate, reasonable technical and organizational measures to prevent loss, damage unauthorized destruction, unlawful access to or processing of personal information.
* You have the right to access and rectify the information collected, including information about the identity of all 3rd

parties who have access to the information. |
| **SECTION F DECLARATION** |
| **The Applicant and all entities and or individuals represented in this application expressly agrees and warrants that:**1. **The below mentioned signatory/is are duly authorized on their behalf and has the consent of all entities and or individuals referred to in this application to provide the personal information for the purposes set out above.**
2. **All information provided in this document and all auxiliary documentation including but not limited to the Business Plan is true, accurate and complete.**

The Business Entity and all individuals, directors, shareholders, members, trustees or partners and all parties represented in this application represent and warrant that:* The information provided in respect of this application is true, accurate and complete;

 ~~~~ No litigation, arbitration or liquidation, sequestration or business rescue proceedings are present, pending or threatened against it. If any such is present, pending or threatened full details should be disclosed in this application. |
| * YES
 | * NO
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| **Signature of applicant:** | **Date:** |

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| **FULL NAME AND ID** | **FOR AND BEHALF OF** | **SIGNATURE** | **DATE** |
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| **SECTION G** **ADDITIONAL INFORMATION REQUIRED** |
| *To be submitted with the application form.* |
| **#** | **Detailed checklist:** | **Mark with an X if included** |
| 1 | The above Application Form fully completed |  |
| 2 | Certified copies of Incorporation/ Registration Documents of the Business Entity |  |
| 3 | Certified ID copies of Shareholders, Directors, Executives, Trustees or Members of the Business |  |
| 4 | CVs of Shareholders, Directors, Executives, Trustees or Members of the Business |  |
| 5 | Certified recent Tax Clearance Certificates |  |
| 6 | **Business Plan with the following minimum information:** |
|  | (a) Business Description, History, Location, Key Suppliers, etc. |  |
| (b) Analysis of Market, Customers and Competitors |  |
| (c) Analysis of production plan and processes |  |
| (d) Human Resources (Company organogram and CVs of key people) |  |
| (e) Marketing and Sales Plan |  |
| (f) Capital Expenditure Plan (Machinery and Equipment and their costs); |  |
|  | (g) Financial Forecast for 3 years (including Total Revenue, Total Costs and Profit) |  |
|  | (h) Unique Selling Proposition (Why is your business different and why will it succeed?) |  |
|  | 1. All pages of this application form are initialed?
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**Please forward your application to:**

The Head-Special Programmes Directorate, for attention: Ms. N Shongwe,

Office of the Premier, Private Bag X11291, Mbombela, 1200.

**Physical Address:** Office of the Premier, Makhonjwa Building, First Floor, Riverside Park, Government Boulevard, Mbombela

**Closing Date: 23 December 2020**