





| WHAT ARE YOU APPLYING FOR? PLEASE TICK ONE OF THE FOLLOWING: | | |
|--|-------------------------|--|
| Business Growth /Resilience Facil | ity Debt Relief Finance | |
| (complete and send to | (complete and send to | |
| bizgrowth@sefa.org.za) | smmerelief@sefa.org.za) | |
| | | |
| 1. CONTACT PERSON | | |
| First name(s) | | |
| Surname | | |
| ID Number | | |
| Telephone number (landline) | | |
| Cell phone number | | |
| Email address | | |
| 2. COMPANY INFORMATION | | |
| SMME Database Reg No: | | |
| Organisation Type: | | |
| Company registered name: | | |
| Registration number: | | |
| Trading name: | | |
| Date registered: | | |
| Date started operating: | | |
| Financial Year-end: | | |
| CSD Registration Number: | | |
| Physical address: | | |
| | | |
| Postal address: | | |
| Fusial address. | | |
| | | |
| Town: | | |
| District: | | |
| Province: | | |







| 3. INDUSTRY OR SECTOR (only applies for Business Growth/Resilience) | | |
|---|------|--|
| Applicable sector for your main income | | |
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| 4. LIST OF PRODUCTS AND SERVICE | S | |
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| 5. CLIENT/POTENTIAL CLIENTS | | |
| a. Business Growth & Resilience Faci | lity | |
| Who are your 3 most recent clients? | | |
| Who are your 3 target clients? | | |
| b. SMME Debt Relief Finance | | |
| Who are your 3 most recent clients? | | |
| How do you plan to resuscitate your business? | | |







| 6. FUNDING REQUIREMENTS | | |
|--|--|--|
| Total amount of other (external) funding | | |
| Important to note: | | |
| 1. You may only apply for one intervention | on | |
| 2. Funding will be dependent on the leve | el of financial distress calculated on the | |
| average of the last 3 months. | | |
| Business Growth Facility | Debt Relief Finance | |
| Categories: | No historical Municipal Debt Municipal | |
| • Micro R50 000 – R250 000 | accounts capped at R 5000 | |
| • Small R250 001 – R 2 5 00 000 | NB: salary payment scales will be in line | |
| • Medium R 2 500 001 – R 5 000 000 | with UIF scale | |
| | Companies contributing to UIF must claim | |
| | from UIF but the companies eligible for | |
| | funding must register with UIF | |
| stock | salaries | |
| bridging finance | rent | |
| purchase order | municipal accounts | |
| business equipment | | |
| 7. EXISTING CREDIT INFORMATION (| NOT SPAZA SHOPS) IF APPLICABLE | |
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| | | |
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| 8. WHO DO YOU PROCURE INPUTS F | ROM (RAW MATERIALS) | |
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| 9. COMPLIANCE ENVIRONMENT | |
|--|--------------|
| Outline compliance in terms of the applicable standards, such as: (Yes/ No/ N/A) | |
| Health and safety | Yes/ No/ N/A |
| Municipal by-laws | Yes/ No/ N/A |
| SARS | Yes/ No/ N/A |
| Labour laws: UIF & Compensation Fund | Yes/ No/ N/A |
| Applicable industry laws | Yes/ No/ N/A |
| Membership of industry bodies | Yes/ No/ N/A |

10. LIST OF ADDITIONAL DOCUMENTS (by email)

- Company Statutory Documents;
 - o CIPC,
 - o SARS,
 - CSD optional
- FICA documents (e.g. Municipal accounts, letter from traditional authority)
- ID Copies of Directors
- 3 months Bank Statements
- Latest Annual Financial Statements or Latest Management Accounts (Statement of Financial Performance and Statement of Financial Position) – where applicable
- Business Profile
- Project Execution Plan (applicable for Business Growth)
- Municipal trade permit (applicable to the spaza shops)
- 6 months Cash Flow Projections where applicable
- Copy of Lease Agreement or Proof ownership (applicable for Debt Relief Finance)
- Relevant Industry Certification where applicable
- Copy of Contract or Order
- Facility Statements of Other Funders where applicable
- Estimations for applied funding







DECLARATION AND CONSENT

I/We, the undersigned declare that the information provided in this application form is to the best of my/our knowledge true and complete.

I/We also understand that any wilful misrepresentation of the information in this application form will disqualify my/our application and may lead to legal action against me/us including the laying of criminal charges against me/us as sureties as well as against the entity I/we represent for furnishing false statement or information to the Department of Small Business Development (DSBD), Small Enterprise Finance Agency (SOC) Ltd (sefa) and Small Enterprise Development Agency (SOC) Ltd (seda) hereto referred as the DSBD Portfolio.

I/We hereby grant the **DSBD Portfolio** consent to perform an entity/personal search and check on my/our records with any other party (e.g. credit bureau and/or a government agency) relating to this application.

I/We further authorise the **DSBD Portfolio** to disclose my/our personal information to these parties to obtain the information they require and acknowledge that the **DSBD Portfolio** will never disclose more information than they are required to.

DSBD Portfolio warrants that it will treat your personal information as confidential and take all necessary steps to protect your information as required by the Protection of Personal Information Act of 2013.

DSBD Portfolio will only disclose your information if:

- The law requires us to do so;
- It is in the public interest to do so;
- Our interests require disclosure; or
- You have given us your consent.

| Surname | |
|--------------|--|
| Full Name(s) | |
| Designation | |
| Signature | |
| Place | |
| Date | |