



Date: / /

Johannesburg Enterprise and Supplier Development Programme Application Form

Attention:

- All applications will be considered and candidates who qualify will be contacted for the interview stage of the application process.
- Incomplete applications will not be considered - Please ensure that this application form, as well as the Business Overview form, are completed in full.

Entrepreneur Qualifying Criteria:

- You own a registered business that is a current going concern
- You must be employed full-time in the business
- Your business offices and primary operations must be in Gauteng
- Your business is > 50% Black South African owned (as per the B-BBEE Codes)
- Your business has been fully operational for a minimum of 1 year
- Your business has an annual turnover between R250,000 and R10 million
- All business owners must be active participants in the programme
- Your company annual returns are up to date

Supporting documents that must accompany this application form:

- Certified ID copies of all business owner(s)
- Company registration documents
- Supporting financial documents for proof of turnover (latest 6 month bank statements **and** 6 months management accounts **or** most recent annual financials)
- A copy of your up to date Annual Return (lodged with CIPC)
- A completed business overview form
- Your latest BEE (or EME) certificate

1) Business Details

A. Application and Business Detail

Name and Surname

Are you the registered owner of a business?

YES NO

If yes, is your business registered?

YES NO

Are you as the business owner employed in the business full-time?

YES NO

Type of business:

Service Retail Manufacturing Other

Industry?

What is the company's core business?

Are you actively trading/operating? YES NO

How long has the business been actively operational? Years Months

Business Name:

Trading Name (if applicable):

Business Type (cc, PTY Ltd etc.):

Business Reg Number:

Business Trading Address (physical address):

Business Postal Address:

Business Telephone Number (landline):

Business Web Address (if applicable):

Are your company Annual Returns up to date?

YES

NO

What was your company turnover? Past six months:

Past financial year:

B. Business Ownership

Why did you start the business?

No jobs available

Was retrenched

Wanted to own a business

Other:

Where you previously the owner of any other business? YES

NO

If yes, how many other businesses have you previously owned/run?

1

2

More than 3

Please supply details of all business owners (together with certified ID copies).

1. Name and Surname

Position

% Ownership

Race

Cellphone Number

Email

Age

Highest Qualification:

Last job held:

Do you have a valid SA ID Document?

YES

NO

ID Number:

2. Name and Surname

Position

% Ownership

Race

Cellphone Number

Email

Age

Highest Qualification:

Last job held:

Do you have a valid SA ID Document?

YES

NO

ID Number:

3. Name and Surname	Position	% Ownership	Race
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone Number	Email	Age	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Highest Qualification	Last job held		
<input type="text"/>	<input type="text"/>		
Do you have a valid SA ID Document?	ID Number:		
YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>		

*If only one business owner, please include alternative contact details here:

Alternative Contact Details:

Name:	<input type="text"/>	Cell Phone Number:	<input type="text"/>
Relationship:	<input type="text"/>	Telephone Number:	<input type="text"/>

2) Other Information

Where did you hear about The Hope Factory?

Radio/TV/Print/Media/ Online, Please specify:

Word of mouth (name and relationship to the person)

Other?

Have you, or any of the current business owners, been convicted of a crime?

YES NO

If yes, please explain:

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Business Overview form

Introduction

- Congratulations on taking the first step to bring hope to your vision. We are looking forward to a possible partnership where we grow you to develop your business.
- This form must accompany the application form, as well as all required supporting documentation as stipulated on the application form.
- Please ensure that you complete this form accurately and thoroughly to increase your chances of being considered for the programme.
- If the space allowed per question is insufficient, please use the extra page provided at the end.

Business Activities

A. Operations

Does the business have any ISO/Industry accreditation? YES NO

If yes, please supply details:

Is your business industry regulated in any way? YES NO

If yes, please supply details:

Current number of company employees? Part time Full time

Does the company employ a business administrator? YES NO

Has your business received any external business development assistance in the past? YES NO

If yes, please supply details?

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Do you utilise technology in your business? YES NO

Do you make use of any of the following (tick all boxes applicable)? Email Social Media

Smart Phone Internet Company website Laptop Desktop

B. Products and Services

Company Products and/or Services	% of Total Sales	Key customer/s for each of these products and/or services	Increasing, Decreasing or Static sales?
1			
2			
3			
4			
5			

C. Finances

Does the company keep any record of financial performance?

YES

NO

If no, please explain:

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If yes, please describe what these records look like:

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If yes, please describe how up to date this information is:

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Is the company registered with SARS?

YES

NO

If no, please explain:

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If yes, are all SARS submissions up to date?

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If not up to date, please explain:

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Does the company have an active bank account?

YES

NO

If no, please explain:

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Are you satisfied with your company bookkeeper or accountant? YES NO

If no, please explain:

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Complete the table below with the relevant financial figures. A minimum of 1 year's financial results is required. Please submit all required supporting docs (for verification purposes) with your application form.

	2011/12	2012/13	2013/2014 (year to date ___/12 Months)
Turnover			
Gross Profit			
Net Profit After Tax			

D. Competition

How competitive is the industry in which you operate? Please explain your answer:

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Who are your three main competitors?

1.
2.
3.

What is your competitive advantage?

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E. Customers

Who is the target market for your product/service?

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How do you reach this target market?

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Name your top 3 current customers/clients?

1.....
2.....
3.....

F. Suppliers

Name your top 3 monthly purchased good/services?

1.....
2.....
3.....

Who supplies you with these specific good/services?

1.....
2.....
3.....

Why do you use these suppliers?

1.....
2.....
3.....

G. Business Premises

Where are you operating from?

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Why did you choose your current business premises?

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