



Date
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Enterprise Development Programme Application Form

Port Elizabeth

Attention:

- All complete applications will be considered and candidates who qualify will be contacted for the interview stage of the application process.
- Only applications that meet the qualifying criteria and submitted all the applicable supporting documentation will be considered and contacted.
- Should you be accepted onto the programme a programme commitment fee of R500 is payable.

A. Personal and Contact Details

Name and Surname:

Gender: Male

☐

Female:

☐

Age:

☐

Race:

☐

Cellphone Number:

Landline Number:

Email Address

Are you a South African Citizen? Yes

☐

No

☐

ID Number:

Do you have a disability? Yes

☐

No

☐

If yes, please specify:

Name of alternative contact:

Alternative contact number:

Relationship to you:

Tertiary Qualifications:

Relation to the company:

Owner

☐

Director

☐

Partner

☐

Other

☐

Entrepreneur Qualifying Criteria:

- You own a registered business that is a current going concern
- You are employed full-time in the business
- Your business offices and primary operations are in the Eastern Cape
- Your business is > 51% Black South African owned (as per the B-BBEE Codes)
- Your business has been fully operational for a minimum of 1 year
- All business owners must be active participants in the programme
- Your company annual returns are up to date
- You are able to supply monthly management accounts/business bank statements
- You have an active business bank account
- You have a valid B-BBEE letter/affidavit
- Your business is tax compliant
- You have access to a computer and/smartphone
- You are computer literate
- If yes is it: Fair_____Good _____Excellent

Supporting documents that must accompany this application form for

ESTABLISHED BUSINESSES:

- Certified colour ID copies of all business owner(s)
- All company registration documents
- Supporting financial documents for proof of turnover (latest 12 months business bank statements and/or 12 months monthly management reports/accounts or most recent signed annual financials)
- A copy of your up to date Annual Return (lodged with CIPC)
- Your latest B-BBEE letter/affidavit
- A copy of your tax clearance certificate or your SARS tax clearance pin
- A letter from the bank confirming your business bank details or a stamped business bank statement not older than 3 months.

B. Business Details

Do you have more than one business?

Do you have a business partner? YES ☐ NO ☐ If yes, how many?

Please supply details of all business partners

1. Name and surname

Position

%Ownership

Race

2.

3. Name and surname

Position

%Ownership

Race

Business Industry: (what industry/sector does your business operate in?)

Manufacturing ☐

ICT ☐

Business Development Services ☐

Construction ☐

Automotive ☐

Tourism ☐

Agriculture & Renewable Energy ☐

Other ☐

Where does your business operate from? Home: ☐

Business Premises: ☐

Are your business premises rented or owned? Rented: ☐

Owned: ☐

Does your business operate in rural or urban setting?

Rural: ☐

Urban: ☐

Physical address where your business operates from:

C. Business Overview

Give a short description of the specific service/product your business will sell/produce/deliver?

What year did your business start trading/making sales (not your date of registration)

How often does your business make sales? Occasionally: ☐ Actively Every Month: ☐ Only tender: ☐

Do you employ any staff in your business? YES ☐ NO ☐

If yes, how many full time and/or part-time? Full-Time: ☐ Part-Time: ☐

D. SAICA Enterprise Development and your Business

What impact do you think SAICA ED could have on your future business success?

Tell us what assistance your business requires and why?

E. General

How did you hear about our programme?

A previous Hope Factory Entrepreneur ☐

Website ☐

Social Media ☐

Newspaper (Please state which one)

Radio (Please state which one)

Other

I, _____, the undersigned, hereby give SAICA ED permission to use my personal, business and financial information provided in this form and within the supporting documentation for recruitment and selection purposes for this programme. I also hereby state that the information in this form is accurate and truthful. Please note that SAICA ED will use this information with confidentiality.

Signature

Date