



2021 APPLICATION FORM

MPUMALANGA YOUTH DEVELOPMENT FUND

SECTION A BUSINESS DETAILS

Name of Applicant:

Age of Applicant:

Gender	<i>MALE</i>	<i>FEMALE</i>	Disability Status	<i>YES</i>	<i>NO</i>
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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:
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Applicants Business Details - address and trading name:

City/Town:	Province:
District Municipality	Local Municipality:
Country:	Code:

SECTION B FUNDING INFORMATION

Total Grant Required from Youth Fund:	<input type="checkbox"/> 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?
2. Have you ever received any Entrepreneurship Development Training?
3. Do you have an existing loan or received funding in the past 12 months? If yes please provide funding details below.

	Yes
	Yes
	Yes

	No
	No
	No

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													

**SECTION C
OWNERSHIP INFORMATION**

Shareholders/ Beneficiaries

Name & Surname	Race	ID Number	Shareholding %

Executives/ Directors/Trustees/Members/Partners

Name & Surname	Race	ID Number	Role in the business

**SECTION D
PLEASE INDICATE THE SECTOR IN WHICH THE BUSINESS OPERATES IN**
Note: Please Select One

Construction		Mining	
Manufacturing		Tourism	
Information Communication Technology		Pharmaceutical	
Agriculture		Transport and logistics	

Other* (please specify) – e.g. catering, security, services

Brief description of the Business: - core business activities, start date etc.

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 -		

**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.**

FULL NAME AND ID	FOR AND BEHALF OF	SIGNATURE	DATE

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.

<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signature of applicant:	Date:

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	SARS Tax Pin	
4	BEE Certificate (CIPC or Sworn Affidavit)	
5	Proof of Residence	
6	Share Certificate	
7	Proof of active business account	
8	CVs of Shareholders, Directors, Executives, Trustees or Members of the Business	
9	Certified ID copies of Shareholders, Directors, Executives, Trustees or Members of the Business	
10	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?)	
	(i) All pages of this application form are initialed?	

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: 08 April 2021

