

2024 CALL FOR APPLICATIONS PREMIER'S YOUTH DEVELOPMENT FUND

Siyaphanda

The fund is aimed at assisting deserving young people aged 18-35 years in MPUMALANGA PROVINCE ONLY.
THE 2024 PYDF WILL BE FOCUSING ON THE FOLLOWING SECTORS:

**AGRO-PROCESSING / MINING / MANUFACTURING / RENEWABLE ENERGY /
FOURTH INDUSTRIAL REVOLUTION (INNOVATION) / CREATIVE ARTS**

- Potential candidates should ensure that their application is in a form of a SOUND BUSINESS PLAN accompanied by the following returnable documents:
- Identity Document (ID) certified copy
 - Curriculum Vitae
 - Proof of Residence (certified)
 - Company Registration Documents
 - Valid SARS Tax Pin
 - BEE certificate (CIPC or Sworn Affidavit)
 - Proof of active business account
 - Proof of market / offtake agreements

Applications should be submitted in the form which is accessible on www.mpumalanga.gov.za.
Enquiries should be directed to Mr. SB Ntandane: 013 766 2108/2006
NB: faxed or emailed applications will not be accepted.

Beneficiaries of the PYDF are not encouraged to apply.
Please forward your application to: The Manager – Youth Development, for the attention of
Mr. SB Ntandane, Private Bag X11291, Mbombela, 1200.
Physical Address: Office of the Premier, Makhonjwa Building, First Floor, Riverside Park,
Government Boulevard, Mbombela.

**TAKE
NOTE**

CLOSING DATE: 03 MAY 2024 AT 16H00

If no correspondence is received within three months after the closing date,
applicants must accept that their applications have been unsuccessful.

'Let's grow Mpumalanga together'





MPUMALANGA
PROVINCIAL
GOVERNMENT

2024 APPLICATION FORM

PREMIER'S YOUTH DEVELOPMENT FUND (PYDF)

SECTION A BUSINESS DETAILS

Surname of Applicant:

Full Names of Applicant:

Age of Applicant:

Gender	MALE	FEMALE	OTHER	Disability Status	YES	NO
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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:

Cell 1:

Cell 2:

Business Physical Address:

City/Town:

Province:

District Municipality

Local Municipality:

Country:

Ward Number:

SECTION B FUNDING INFORMATION

Total Grant Required from Youth Fund:

R

Initials:

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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Have you ever received any Entrepreneurship Development Training? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Do you have an existing loan or received funding in the past 12 months? If yes please provide funding details below. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Job creation information

How many current jobs and/or jobs do you intend to create?

	Before Funding						After Funding					
	Number		Disabled		Average Age		Number		Disabled		Average Age	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
African												
White												
Indian												
Coloured												
Total												



Initials:

**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

Agro-Processing		Mining	
Manufacturing		Creative Arts	
Fourth Industrial Revolution (Innovation)		Renewable Energy	

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.**

SURNAME AND INITIALS	IDENTITY NUMBER	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:

Initials:

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	Incorporation/ Registration Documents of the Business Entity	
3	Valid SARS Tax Pin	
4	BEE Certificate (CIPC or Sworn Affidavit)	
5	Proof of Residence	
6	Proof of active business account	
7	CVs of Shareholders, Directors, Executives, Members of the Business	
8	Certified ID copies of Shareholders, Directors, Executives, Members of the Business	
9	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) Proof of Market / Offtake Agreement	
	(g) Capital Expenditure Plan (Machinery and Equipment and their costs);	
	(h) Financial Forecast for 3 years (including Total Revenue, Total Costs and Profit)	
	(i) Unique Selling Proposition (Why is your business different and why will it succeed?)	
	(j) All pages of this application form are initialed?	

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