

BUSINESS DEVELOPMENT SUPPORT APPLICATION FORM



Moulding Entrepreneurs

Business Name

Contact Person

Telephone No.

CHECKLIST

DATE RECEIVED

- ☐ Registration Document
- ☐ Original Tax Clearance Certificate
- ☐ Certified Identification Document Copy
- ☐ Financial Statements/ Declaration Letter/ Bank Statement/ Bank Letter (If applicable)
- ☐ Company Profile (Optional)
- ☐ Proof of address/ lease agreement (If applicable)

- ☐ Sworn Affidavit (Stating the Sector the Business Operates in, Annual Turnover, Asset Value, Number of Employees and Number of years in operation)

SECTION A

PERSONAL INFORMATION

Title		Surname	
First Name		Race classification	
Date of Birth		Citizenship	
ID Number			
Residential Address			
Postal Address			
Telephone (Home)		Fax	
E-mail		Cellphone	

SECTION B

BUSINESS INFORMATION

Business name or proposed business name			
Business trading name		Region	
Business Address		Street Code	
Township/Suburb		City	
Telephone Number		Fax	
Cell		Business Email	
Business Website			

JOHANNESBURG OFFICE

7th Floor, 124 Main Street,
Johannesburg, 2107
Telephone: 011 085 2002
Fax: 011 834 6702

EKURHULENI OFFICE

Ground Floor,
188 Victoria Street,
Germiston, 1400
Telephone: 011 776 9079
Fax: 011 827 2886

SEDIBENG OFFICE

36 Merriman Avenue,
Vereeniging, 1930
Telephone: 016 910 1200
Fax: 016 910 1216

WEST RAND OFFICE

23 Eloff Street,
Krugersdorp, 1739
Telephone: 011 950 9870
Fax: 011 950 9886

TSHWANE OFFICE

1st Floor, Block G,
333 Grosvenor Street,
Hatfield Gardens, Hatfield
Telephone: 012 430 2359
Fax: 012 323 4205



HEAD OFFICE 6th Floor, 124 Main Street, Marshalltown, Johannesburg,
Tel: 011 085 2001, Website: www.gep.co.za

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SECTION C

BUSINESS OWNERSHIP DETAILS

SURNAME & FIRST NAME	ID NUMBER	OWNERSHIP %	RACE (Black/Asian/ Coloured/ White)	GENDER (Male/ Female)	DATE OF BIRTH	DISABILITY (Yes/No)
				M F		Y N
				M F		Y N
				M F		Y N
				M F		Y N
				M F		Y N
				M F		Y N
				M F		Y N

SECTION D

BUSINESS DESCRIPTION

Number of employees (excluding owners) Number of employees (including owners)

Type of business: ☐ Start-up ☐ Sole Proprietor ☐ Partnership ☐ Close Corporation ☐ Private Company
☐ Company Trust ☐ Limited Co-operative ☐ Non-Profitable Organisation (NPO)

Annual Turnover (Rands) Registration Number

Vat Registration Number Tax Clearance Certificate

Commenced Trading Date Tax Clearance Certificate Expiry Date

PRODUCTS AND SERVICES

Detailed description of your product or service

SECTION E

INTERVENTION REQUIRED

☐ Business Development Support

☐ Financial Support

☐ Training

SECTION F

I declare that ☐ I AM/ ☐ I AM NOT a politically exposed person.

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GAUTENG PROVINCE
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REPUBLIC OF SOUTH AFRICA

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