



PART A: APPLICANT'S PERSONAL DETAILS

This	form	must	be sub	mitte	ed wit	th a re	ceipt	/proo	f of p	ayme	nt of	an ad	lminis	tratio	n fee	of R1	00.00), and	pleas	e init	ialize	every	, page	· ·					
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Statutory Registration

Income Tax	Yes		No	
PAYE	Yes		No	
VAT	Yes		No	
RSC	Yes		No	
UIF	Yes		No	
SDL	Yes		No	

Type of industry (Cross the relevant box with - Telecommunications	x)										
Automotive											
Contract services											
Construction Heavy machinery/Plant	hire										
Information Technology											
Manufacturing											
Mining											
Professional services/Restaurant/Fas	t food outlet										
Retail											
Tourism											
Transportation											
Wholesale/Distribution											
Other (Please specify)											
Has the business ever reached a compromise v											
Yes No	(If yes, please attach	necessary documents)									
Shareholders' Information											
Initials & Surname	Identity Number	/Passport Number	Gender	Share (%)		Мо	bile n	le number			
Customer or target market and supplier refere	nces										
Customer or target market and supplier refere Name(s)	ences	Relationshi	р		C	onta	ct nun	nber			
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PART C: ADDITIONAL INFORMATION

low much start-up capital do	you n	eed? (I	Please tick	next to the	relevant box)		
Level 1		ı			Level 2		Level 3
R1, 000 - R10, 000		i			R10, 000 – R20, 000		R20, 000 – R50, 000
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When would you like to receiv	e the	(start-	up capital)				
				(Or specif	'y here):		
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How will you spend the funding	ıg?						
						,	
What is the need (demand) lev	vel of t	the pro	oduct/serv	ice?			
			-				
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What results are you expecting	<u>g?</u>						
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How will the funding help you	- shio	- 2011	- Lucinoss	- bis ethnoci			
How will the lunding help you	acme	ve you	ir Dusiness	ODJECTIVES:			
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PART C: ADDITIONAL INFORMATION (Continued)

Who is your target market? (Please provide details of any age or ethnic groups who are targeted)	
How will you assess the success of your business?	
How will your business progress after the (capital) funding has ended? (sustainability)	
Please provide a detailed breakdown of the total proposed budgeted spending of your business and how this (capital) funding would be allocated within that	at
total spending.	

ADDITIONAL INFORMATION (Continued) PART C:

Have you	appli	ed or recei	ived any oth	er sou	rce of funding for your company?
Yes			No		
(Please pr	ovide	details to	include any	offer(s) you have received / disclose if you have an existing business loan)
Are you h	арру	with your	company pa	articipa	ating in Corporate Social Responsibility?
Yes			No		(If yes, please state below as to how often your business would engage in such activities)
If you hav	o alre	adv nartic	inated in an	v Corr	porate Social Responsibility activities, please attach an additional document explaining the Corporate Social
					and also provide evidence.
					·

CBS BANK ACCOUNT DETAILS

Account holder	Commencement Business Solution
Bank	Standard Bank
Account Number	131983083
Branch	Riverside Mall
Branch Code	052852
Branch Code for Electronic Payments	051001
Reference	(Please use initials and surname)

Commencement Business Solutions (Pty) Ltd

Please read carefully and adhere

- Only one application can be made per organization (business).
- Submit certified ID copies of the business owner/owners not older than three (3) months.
- The applicant may not be younger than the age of eighteen (18) years, and may not have exceeded the age of sixty five (65) years.
- Each application must be signed in the presence of Commissioner of oath.
- A receipt/proof of payment for the administration fee must be attached.
- Administration fee is only payable to Commencement Business Solutions' bank account.
- We do not accept cash payments on our premises.
- If your company (business) is registered, please attach certified copies of your company registration documents.
- Applications received after the stipulated closing date as per advertisement, will not be accepted.
- Omission of crucial information and provision of false information may disqualify your application.
- Please include a comprehensive business plan/proposal and the required financials.
- Where the information requested is not applicable please write "N/A".
- Incomplete applications will not be accepted.
- All business plans/proposals declined by the Commencement Business Solutions funding committee or withdrawn by the applicant will not be kept on our records.
- Please do not submit original documents.

DATA PROTECTION

- The contents of the application are protected under the Promotion of Access to Information Act ("PAIA"), No 2 of 2000.
- Information gathered on the application form may be stored electronically and may be shared with Commencement Business Solutions funding committee and other parties participating in the selection process.
- The contact details of your company may be shared with other organizations and individuals with a legitimate interest in learning more about your work, unless specified below:

I agree that Commencement Business Solutions (Pty) Ltd may share my/our contact details with others for the sake of the selection process to be completed:



Signature of the applicant

I			hereb	y declare t	hat all ir	formation pr	ovided in this	applicatio	n is true
and correct.									
I understand the business/compar		nformation w	ill automatically	disqualify	me fro	om receiving	the (capital)	funding	for my
I further declare them.	that I have rea	d the applicabl	e terms and con	ditions ava	ilable at	www.sa-cbs.	co.za and agre	ee to be k	oound by
I know and unde	rstand the conte	nts of this appli	cation form.						
Signature of the a	 applicant								
Signed at <i>(place)</i> Signed on <i>(date)</i>		/							
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SWORN OATH	l								
I certify that the							nis application	form whic	h was
sworn to/affirme	d before me and	the deponent'	s signature was p	laced there	on in my	presence.			
On the	da [,]	/ of				(Year)	20		
At /Times)									
At (Time):						SAPS S	TAMP		
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SIGNATURE OF	COMMISSIONE	R OF OATH							

Have you included the following?	
A certified/notarized copy of your ID document or passport	
Certified/notarized ID copies of all shareholders (If applicable)	
A comprehensive business plan/proposal (If available)	
Company registration documents (If available)	
Tax documents (If available)	
Deposit slip (For R100 administration fee)	
All contact persons and their contact numbers	

FOR OFFICE USE
Date received / / Acknowledgment
D D M M Y Y Y
Reference number
Compliance
CBS responsible official
Pre-screening outcome(s)
Evaluation outcome
Funding committee outcome