



This form must be submitted with a receipt/proof of payment of an administration fee of R100.00, and please initialize every page.

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[illegible][illegible][illegible]

Yes			No	
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Female			Male	
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African		Coloured		Indian		White	
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[illegible][illegible]

Yes			No	(If yes, please indicate disability type):
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[illegible][illegible]

Yes			No	
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[illegible]

K					/					/		
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Close Corporation		Sole Proprietor		Private Company		Partnership	
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[illegible][illegible]

Start-up/New		Existing	
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[illegible][illegible]

Rural		Semi-Urban		Urban	
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Business Physical Address																												
																				Postal Code								

[illegible]

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 - X)

Telecommunications	<input type="checkbox"/>
Automotive	<input type="checkbox"/>
Contract services	<input type="checkbox"/>
Construction Heavy machinery/Plant hire	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>
Mining	<input type="checkbox"/>
Professional services/Restaurant/Fast food outlet	<input type="checkbox"/>
Retail	<input type="checkbox"/>
Tourism	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Wholesale/Distribution	<input type="checkbox"/>
Other (Please specify) _____	

Has the business ever reached a compromise with creditors?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	(If yes, please attach necessary documents)
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Shareholders' Information

Initials & Surname	Identity Number/Passport Number	Gender	Share (%)	Mobile number									

Customer or target market and supplier references

Name(s)	Relationship	Contact number									

How much start-up capital do you need? (Please tick next to the relevant box)

Level 1

Level 2

Level 3

R1, 000 - R10, 000	
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R10, 000 – R20, 000	
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R20, 000 – R50, 000	
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When would you like to receive the (start-up capital) funding

		/			/					(Or specify here):
D	D		M	M		Y	Y	Y	Y	

How will you spend the funding?

[illegible]

What is the need (demand) level of the product/service?

What results are you expecting?

How will the funding help you achieve your business objectives?

[illegible]

[illegible][illegible]

Have you applied or received any other source of funding for your company?					
Yes			No		

Yes			No	(If yes, please state below as to how often your business would engage in such activities)
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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled document.

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)

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:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Signature of the applicant

- ☞ I _____ hereby declare that all information provided in this application is true and correct.
- ☞ I understand that any false information will automatically disqualify me from receiving the (capital) funding for my business/company.
- ☞ I further declare that I have read the applicable terms and conditions available at www.sa-cbs.co.za and agree to be bound by them.
- ☞ I know and understand the contents of this application form.

Signature of the applicant

Signed at (*place*)

Signed on (*date*)

D	D	/	M	M	/	Y	Y	Y	Y		

SWORN OATH

I certify that the deponent has acknowledged that he/she knows and understands the content of this application form which was sworn to/affirmed before me and the deponent's signature was placed thereon in my presence.

On theday of (Year) 20

At (Time):

Place:

SAPS STAMP

SIGNATURE OF COMMISSIONER 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	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Acknowledgment	<input type="text"/>
	D	D		M	M		Y	Y	Y	Y				
Reference number	<input type="text"/>													
Compliance	<input type="text"/>													
CBS responsible official	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pre-screening outcome(s)	<input type="text"/>													
Evaluation outcome	<input type="text"/>													
Funding committee outcome	<input type="text"/>													