



## **sefa** Product Application Form

**sefa**

Small Enterprise Finance Agency

*Accessible Development Finance*

# LOAN APPLICATION FORM

## SECTION A: COMPANY INFORMATION

(To be completed by borrowing legal entity)

### COMPANY DETAILS

CIPC Registered Name													
Trading Name													
Type of Business					Industry (Sector)								
Registration Number					Registration Date	D	D	M	M	C	C	Y	Y
Telephone Number					Fax Number								
E-mail Address													
VAT Registration Number					Tax Reference Number								
Physical Address													
					Province					Code			
Postal Address													
					Province					Code			
Should <b>sefa</b> contact you for telemarketing purposes?	Yes <input type="checkbox"/>				No <input type="checkbox"/>								
Period in Business (Years)					Number of Current Employees								
New jobs expected to be created													
How did you hear about <b>sefa</b> ? (Tick applicable box)	Roadshow <input type="checkbox"/> Radio <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Outdoor Advertising (e.g. Billboard, Pamphlet, etc.) <input type="checkbox"/> Print Media (e.g. Magazine, Newspaper advert, etc) <input type="checkbox"/> Other (please specify) <input type="text"/>												
Indicate how you would prefer to receive copies for your legal documents. (Tick applicable box)													
Collecting in person at <b>sefa's</b> offices? <input type="checkbox"/> Post <input type="checkbox"/> Fax <input type="checkbox"/> (    )    -    E-mail <input type="checkbox"/>													

### CONTACT PERSON/COMPANY REPRESENTATIVE

Title (Prof/Dr/Mr/Ms)			Surname			First Name(s)		
Contact Number(s)	Cell	(    )	-	Tel	(    )	-	Fax	(    )
E-mail								

### MEMBERS/SHAREHOLDER DETAILS

Full Name(s) and Surname	Percentage Shareholding

### COMPANY BRIEF BACKGROUND INFORMATION (Should you require more space please attach a separate page)

## FINANCIAL INFORMATION<sup>1</sup>

Total Finance Required								
Owners' Contribution (Unencumbered)							Source of Funds	
Financial Year End of Business	D	D	M	M	C	C	Y	Y

## PERIODIC ABRIDGED FINANCIAL STATEMENT (Not applicable to Start-up businesses) (Less means a negative value that must be preceded by a minus sign. e.g -1200 without any spaces or characters)

	Current Financial Year	Previous Financial Year	Previous Financial Year	Previous Financial Year	Previous Financial Year
Gross Turnover	R	R	R	R	R
Gross Profit	R	R	R	R	R
(Less) Gross Operating Expenses	R	R	R	R	R
<b>Net Profit</b>	R	R	R	R	R
<b>ASSETS AND LIABILITIES</b>					
Total Value of Fixed Assets	R	R	R	R	R
Total Value of Current Assets	R	R	R	R	R
(Less) Total Value of Current Liabilities	R	R	R	R	R
(Less) Total Value of Long Term Liabilities	R	R	R	R	R
<b>Networth</b>	R	R	R	R	R

## REFERENCES

### BANKING DETAILS OF THE COMPANY

Name of Bank	
Branch	
Type of Account	
Account Number	
Facilities	
Security Held by Bank	

<sup>1</sup> Please attach financial statements - if available

### TRADE ACCOUNTS

Title & Name of Contact Person				Title & Name of Contact Person			
Name of Business				Name of Business			
Contact Numbers	Cell	( )	-	Contact Numbers	Cell	( )	-
	Tel	( )	-		Tel	( )	-
	Fax	( )	-		Fax	( )	-
E-mail Address				E-mail Address			
Type of Account	Cash	<input type="checkbox"/>	Credit <input type="checkbox"/>	Type of Account	Cash	<input type="checkbox"/>	Credit <input type="checkbox"/>

**PROFESSIONAL**

Name & Surname of Accounting Officer				Company Name			
Contact Number(s)	Cell (    )	-	Tel (    )	-	Fax (    )	-	
E-mail							

**DECLARATION AND CONSENT**

I/We, the undersigned declare that the information provided in this application form is to the best of my/our knowledge true and complete. I/We also understand that any wilful misrepresentation of the information in this application form will disqualify my/our application and may lead to legal action against me/us including the laying of criminal charges against me/us as sureties as well as against the entity I/we represent for furnishing false statement or information to the Small Enterprise Finance Agency (SOC) Ltd (**sefa**).

I/We hereby grant **sefa** consent to perform an entity/personal search and check on my/our records with any other party (e.g. credit bureau and/or a government agency) relating to this application.

I/We further authorise **sefa** to disclose my/our personal information to these parties to obtain the information they require and acknowledge that **sefa** will never disclose more information than they are required to.

**sefa** warrants that it will treat your personal information as confidential and take all necessary steps to protect your information as required by the Protection of Personal Information Act of 2013. We will only disclose your information if:

- The law requires us to do so;
- It is in the public interest to do so;
- Our interests require disclosure; or
- You have given us your consent.

Surname								
Full Name(s)								
Designation								
Signature								
Place								
Date	D	D	M	M	C	C	Y	Y

Surname								
Full Name(s)								
Designation								
Signature								
Place								
Date	D	D	M	M	C	C	Y	Y

# LOAN APPLICATION FORM

## SECTION B: PERSONAL INFORMATION

(To be completed by each shareholder/trustee of the borrowing legal entity e.g. Pty Ltd, Ltd, Trust, etc.)

### MEMBER/SHAREHOLDER/PARTNER DETAILS

Surname											First Name(s)													
ID Number																								
Gender (tick applicable box)	Male <input type="checkbox"/>		Female <input type="checkbox"/>		Nationality (Citizenship)																			
Race	African <input type="checkbox"/>		Indian <input type="checkbox"/>		White <input type="checkbox"/>		Other <input type="checkbox"/>		Please specify:															
Do you have any disability?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If YES, please give details:																			
Involvement in Business	Active Partner <input type="checkbox"/>		Silent Partner <input type="checkbox"/>		If Active - Operational Responsibility:																			
Physical Address																								
											Province											Code		
Postal Address																								
											Province											Code		
Number of Years at Residential Address																								
Previous Residential Address (if less than 5 years at current address)																								
											Province											Code		
Contact details	Tel (H) ( ) -					Tel (B) ( ) -					Fax ( ) -													
	Cell ( ) -					E-mail																		
Marital Status (Tick applicable Box)	Single <input type="checkbox"/>		Married in community of property <input type="checkbox"/>								Married out of community of property with or without accrual <input type="checkbox"/>													
	Other <input type="checkbox"/>		If other, provide details:																					
Number of Dependents			Age																					
Next of Kin (not staying with you)	Surname												First Name(s)											
Relationship																								
Contact Details	Cell ( ) -					Tel ( ) -					E-mail													
Residential Address																								
											Province											Code		

### PREVIOUS EXPERIENCE AND CAREER HISTORY

Employer	Position	Period

## REFERENCES

### PERSONAL TRADE ACCOUNTS

Name of Contact Person				Name of Contact Person					
Name of Business				Name of Business					
Contact Numbers	Cell	(    )	-	Contact Numbers	Cell	(    )	-		
	Tel	(    )	-		Tel	(    )	-		
	Fax	(    )	-		Fax	(    )	-		
E-mail Address				E-mail Address					
Type of Account	Cash	<input type="checkbox"/>	Credit	<input type="checkbox"/>	Type of Account	Cash	<input type="checkbox"/>	Credit	<input type="checkbox"/>

### PERSONAL BANKING DETAILS OF APPLICANT / COMPANY REPRESENTATIVE

Name of Bank				Name of Bank			
Branch				Branch			
Type of Account				Type of Account			
Account Number				Account Number			
Facilities				Facilities			
Security Held by Bank				Security Held by Bank			

## INCOME

Employed	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	(tick applicable box)				
Name of Employer/ Name of Business								
Physical Address								
					Province		Code	
Position Held/ Nature of Business								
Salary/ Drawings	R		Period of Employment/ Period in Business					

## MONTHLY INCOME AND EXPENDITURE STATEMENT

Net Salary (Income)	R
Other Income (please specify)	R
Other Income (please specify)	R
<b>TOTAL INCOME</b>	R

### (LESS) EXPENSES (all values must be preceded by a minus sign. E.g. -1200 without spaces or characters such as full stops (.) or commas (,))

Bank Charges	R
Mortgage Bond(s)	R
Donations	R
Entertainment	R
Clothing Account(s)	R
Cellular Phone Contract(s)	R
Domestic Worker	R
Education Fees	R
Groceries	R
School Transport	R
Water and Lights	R
Rates and Taxes	R
Subscriptions (TV, Papers, etc.)	R
Investments	R
Life Policies	R
Petrol	R
Short Term Insurance	R
Landline Rental	R
Alarm and Tracking Contracts	R
Other (please specify)	R
Other (please specify)	R
<b>(LESS) TOTAL EXPENSES</b>	R

**SURPLUS (DEFICIT)** R

## STATEMENT OF ASSET AND LIABILITIES

<b>Assets</b>	R	<b>Liabilities</b>	R
Residential Property(ies)		Mortgage Bond(s):	
Motor Vehicle(s)		Vehicle Finance:	
Household Effects		Personal Loans:	
Equity in Businesses			
<b>Other Assets</b> (please specify)		<b>Other Liabilities</b> (please specify):	
		Net Equity	
<b>Total Assets</b>	<b>R</b>	<b>Total Liabilities</b>	<b>R</b>

## PERSONAL RECORD

**YES**

**NO**

(Tick applicable box)

1. Are you currently undergoing debt counselling or do you have a pending debt counselling application?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you undergoing debt restructuring?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been sequestered?	<input type="checkbox"/>	<input type="checkbox"/>
4. If so, have you been rehabilitated?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been found guilty of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever reached a compromise with creditors or had repayment problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been summoned or had judgements taken against you?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you signed surety for anyone else?	<input type="checkbox"/>	<input type="checkbox"/>

Kindly give details in respect of any YES answers above:

## DECLARATION AND CONSENT

I, the undersigned declare that the information provided in this application form is to the best of my knowledge true and complete. I also understand that any wilful misrepresentation of the information in this application form will disqualify my application and may lead to legal action against me and/or the entity I represent including the laying of criminal charges against me as sureties as well as against the entity I represent for furnishing false statement or information to the Small Enterprise Finance Agency (SOC) Ltd (**sefa**).

I hereby grant **sefa** consent to perform an entity/personal search and check on my records with any other party (e.g. credit bureau and/or a government agency) relating to this application.

I further authorise **sefa** to disclose some of my personal information to these parties to obtain the information they require and acknowledge that the **sefa** will never disclose more information than they are required to.

**sefa** warrants that it will treat your personal information as confidential and take all necessary steps to protect your information as required by the Protection of Personal Information Act of 2013 (POPI). We will only disclose your information if:

- The law requires us to do so;
- It is in the public interest to do so;
- Our interests require disclosure; or
- You have given us your consent.

Surname									Full Name(s)								
Designation																	
Signature																	
Place																	
Date	D	D	M	M	C	C	Y	Y									

## SPOUSE'S DECLARATION AND CONSENT (If married in community of property)

I have obtained my spouse's consent to enter into this Credit Facility and for credit check with any credit reference agency. I understand that I will be liable for fraud should I falsely declare my spousal consent.

Surname									Full Name(s)								
Designation																	
Signature																	
Place																	
Date	D	D	M	M	C	C	Y	Y									



# LOAN APPLICATION FORM

## SECTION C: SURETY FORM

(To be completed by the sureties of the borrowing entity)

### MEMBER/SHAREHOLDER/PARTNER DETAILS

Surname											First Name(s)											
ID Number																						
Gender (tick applicable box)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Nationality (Citizenship)																	
Race	African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please specify:													
Do you have any disability?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If YES, please give details:																	
Involvement in Business	Active Partner	<input type="checkbox"/>	Silent Partner	<input type="checkbox"/>	If Active - Operational Responsibility:																	
Physical Address																						
															Province					Code		
Postal Address																						
															Province					Code		
Contact details	Tel (H) ( ) -				Tel (B) ( ) -				Fax ( ) -													
	Cell ( ) -				E-mail																	
Marital Status (Tick applicable Box)	Single	<input type="checkbox"/>	Married in community of property	<input type="checkbox"/>	Married out of community of property with or without accrual? <input type="checkbox"/>																	
	Other	<input type="checkbox"/>	If other, provide details:																			
Number of Dependents		Age																				
Next of Kin (not staying with you)	Surname											First Name(s)										
Relationship																						
Contact Details	Cell ( ) -				Tel ( ) -				E-mail													
Residential Address																						
															Province					Code		

### REFERENCES

#### TRADE

Name & Surname of Contact Person																				
Name of Business																				
Contact Numbers	Cell ( ) -				Tel ( ) -				Fax ( ) -											
E-mail Address																				
Account Number																				
Type of Account	Cash	<input type="checkbox"/>	Credit	<input type="checkbox"/>																

**BANKING**

Name of Bank	
Branch	
Type of Account	
Account Number	
Facilities	
Security Held by Bank	

**PROFESSIONAL**

Name & Surname of Accounting Officer		Company Name	
Contact Number(s)	Cell (     )     -     Tel (     )     -     Fax (     )     -		
E-mail			

**PERSONAL RECORD**

	YES	NO
	(Tick applicable box)	
1. Are you currently undergoing debt counselling or do you have a pending debt counselling application?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you undergoing debt restructuring?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been sequestered?	<input type="checkbox"/>	<input type="checkbox"/>
4. If so, have you been rehabilitated?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been found guilty of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever reached a compromise with creditors or had repayment problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been summoned or had judgements taken against you?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you signed surety for anyone else?	<input type="checkbox"/>	<input type="checkbox"/>

Kindly give details in respect of any YES answers above:

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- Our interests require disclosure; or
- You have given us your consent.

Surname									Full Name(s)								
Designation																	
Signature																	
Place																	
Date	D	D	M	M	C	C	Y	Y									

## ASSET FINANCE, BRIDGING AND TERM LOANS

		✓
1.	Application Form	<input type="checkbox"/>
2.	Surety Form (where applicable)	<input type="checkbox"/>
3.	Certified copy of ID and that of Spouse (if married In Community of Property [ICOP])	<input type="checkbox"/>
4.	Marriage certificate (where applicable)	<input type="checkbox"/>
5.	Short CV of the members/directors/ shareholders/ trustees, etc.	<input type="checkbox"/>
6.	Proof of residence – utility bill / sworn affidavit (not older than 3 months)	<input type="checkbox"/>
7.	Valid Tax Clearance Certificate	<input type="checkbox"/>
8.	Company Registration Documents e.g. CK2, Company Profile	<input type="checkbox"/>
9.	Proof of CIPC/CIPRO annual fees	<input type="checkbox"/>
10.	Six months latest bank statement (personal and business)	<input type="checkbox"/>
11.	Loan Breakdown	<input type="checkbox"/>
12.	Supporting quotations (with contact person and banking details of supplier)	<input type="checkbox"/>
13.	Personal Income and Expenditure Schedule and Assets & Liability Statement	<input type="checkbox"/>
14.	Proof of own contribution and source (if applicable)	<input type="checkbox"/>
15.	Member's resolution to apply (if applicable)	<input type="checkbox"/>
16.	If a judgment, notice, default is issued against the applicant, a letter or document to prove that arrangements are made to settle the account or proof that the account is settled must be provided	<input type="checkbox"/>
17.	Historic Financial statements (not less than 3 years – if applicable)	<input type="checkbox"/>
18.	Up to date Management Accounts (if applicable)	<input type="checkbox"/>
19.	Debtors Age Analysis (if applicable)	<input type="checkbox"/>
20.	Creditors Age Analysis (if applicable)	<input type="checkbox"/>

## TERM LOANS AND ASSET FINANCE

1.	Business Plan	<input type="checkbox"/>
2.	Cash flow projections	<input type="checkbox"/>
3.	Lease agreement (if applicable)	<input type="checkbox"/>
4.	Franchise Agreement (if applicable)	<input type="checkbox"/>

## BRIDGING LOAN APPLICATIONS

1.	Project plan and projections	<input type="checkbox"/>
2.	Copy of Contract or Order	<input type="checkbox"/>
3.	Completion certificate for previous work done (for construction projects only)	<input type="checkbox"/>
4.	NHBRC and CIDB (for construction projects only)	<input type="checkbox"/>
5.	Bills of quantities (for construction projects only)	<input type="checkbox"/>

## QUALIFICATION CRITERIA

- The majority shareholder(s) must be involved in the day to day running of the business on a full time basis (owner - manager)
- The business must be registered in SA
- The major shareholder must be an SA citizen
- The business must be conducted with a profit motive and be economically viable
- The forecasted cash flow must show the ability to repay the facility (affordability)
- The owner must display sufficient entrepreneurship, skills and experience directly related to the nature of the business
- Compliance with all relevant laws and regulations
- Demonstrate job creation (potential to create new jobs or sustain existing ones)
- Loan Range R50 000 to R5 million

## EXCLUSIONS

- Manufacturing and selling of ammunition
- Tobacco, Liquor, Gambling and sex trade
- Non-profit organisations
- Political organisations
- Persons under debt review
- Un-rehabilitated insolvent shareholders and/or directors of applying entities
- Primary agriculture (except cash crops and the applicant must have an off take agreement)
- Speculative property development

## Regional Offices Contact List

Regional offices are open from 08h30 to 17h00 from Monday to Friday with the exception of Public Holidays. Clients wishing to participate in consultations at any of the co-locations are advised to secure an appointment with a **sefa** representative using the contact details provided below.

Regional Office	Office Type	Address	Telephone Number	Office Hours
Free State	<b>sefa</b> Regional Office	<b>Bloemfontein</b> Office 4&5, Preller Square, Graaf Reinet Street, Dan Pienaar, Bloemfontein, 9301	051 436 0150 sefafs@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	<b>Welkom</b> One Reinet Building, Reinet Street, Welkom, 9460	051 436 0150 sefafs@sefa.org.za	09h30 - 15h00
		<b>Trompsburg</b> 53 Voortrekker Street, Khoisan Building, Trompsburg, 9913	051 436 0150 sefafs@sefa.org.za	10h00 - 14h00
		<b>Qwaqwa</b> Mampoi Road, Phuthaditjhaba, 9866	051 436 0150 sefafs@sefa.org.za	09h30 - 15h00
		<b>Sasolburg</b> Eric Louw Street, Boiketlong, Zamdela, Sasolburg, 1939	051 436 0150 sefafs@sefa.org.za	09h30 - 13h00
KwaZulu-Natal	<b>sefa</b> Regional Office	<b>Durban</b> 21 <sup>st</sup> Floor, Office 2102, Durban Embassy Building, Anton Lembede Street, Durban, 4001	031 368 3485 sefakzn@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	<b>Port Shepstone</b> 46 Bisset Street, Lot No 456, Port Shepstone, 4240	031 368 3485 sefakzn@sefa.org.za	08h30 - 17h00
		<b>Ladysmith</b> 93/94 Murchison Street, Ladysmith, 3370	031 368 3485 sefakzn@sefa.org.za	08h30 - 17h00
		<b>Richards Bay</b> Lot 61 1237 via Verbana, Veldenvlei, Richards Bay, 3900	031 368 3485 sefakzn@sefa.org.za	08h30 - 17h00
		<b>Newcastle</b> 28 Scott Street, Newcastle, 2940	031 368 3485 sefakzn@sefa.org.za	08h30 - 17h00
Gauteng	<b>sefa</b> Regional Office	<b>Centurion (Head Office)</b> Eco Fusion 5, Block D, 1004 Teak Close, Witch-Hazel Avenue, Eco Park, Centurion, 0157	012 748 9600 helpline@sefa.org.za talktous@sefa.org.za	08h30 - 17h00
		<b>Johannesburg</b> Umntho House, Lower Ground, 56 Eloff Street, Marshalltown, Johannesburg, 2001	012 748 9600   sefagpsouth@sefa.org.za	08h30 - 17h00
		<b>Riversands (Diepsloot)</b> Riversands Incubation Hub, 8 Incubation Drive, Riverside View, Ext. 15, Midrand, 2191	087 288 6000 sefagnorth@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	<b>Tshwane</b> Block C, 4 <sup>th</sup> Floor, Old Mutual Building, 536 Frances Baard & Steve Biko Streets, Pretoria	012 441 0480 sefagnorth@sefa.org.za	08h30 - 16h30
		<b>Emfuleni</b> 5 Moshoeshoe Street, VUT Science & Technology Park, Sebokeng, 1983	012 748 9600 helpline@sefa.org.za	08h30 - 17h00
		<b>Sandton</b> 19 Fredman Drive, Sandown, Sandton, 2146	011 269 3000 helpline@sefa.org.za	08h30 - 17h00 Wednesdays only
		<b>Soweto</b> Shop 368 Maponya Mall, Thusong Centre, Chris Hani Road (Old Potchefstroom Road), 1809	011 938 4257 sefagpeast@sefa.org.za	08h30 - 17h00 Wednesdays only
		<b>Ekurhuleni</b> Ekurhuleni Business Facilitation Network, Cnr Voortrekker & Monument Road, Kempton Park, 1619	010 492 3655 sefagpeast@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	<b>Bellville</b> 2 <sup>nd</sup> Floor, Louwville Place, Vrede Street, Bellville, 7535	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>Khayelitsha</b> Khayelitsha Training Centre Cnr Lwandile & Spine Road, Khayelitsha, 7784	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>Mosselbay</b> KKT Sentrum Nr. 7, Gericke Street, Voorbaai, Mossel Bay, 6506	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>Knysna</b> Thesen House, 6 Long Street, Knysna, 6571	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>George</b> Entrance A, 1 <sup>st</sup> Floor Beacon Place, 125 Meade Street, George, 6530	044 803 4900 sefawc@sefa.org.za	08h30 - 16h30
		<b>Oudtshoorn</b> 70 Voortrekker Street, Oudtshoorn, 6625	044 803 4900 sefawc@sefa.org.za	08h30 - 17h00
		<b>Beaufort West</b> Thusong Service Centre, 3 De Vries Street, Beaufort West, 6970	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>Hermanus</b> Shop No 44, Gateway Centre, Hermanus, 7200	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
Western Cape	<b>sefa</b> Regional Office	<b>Cape Town</b> 9 <sup>th</sup> Floor, 2 Long Street, Cape Town, 8001	021 418 0126 sefawc@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	<b>Bellville</b> 2 <sup>nd</sup> Floor, Louwville Place, Vrede Street, Bellville, 7535	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>Khayelitsha</b> Khayelitsha Training Centre Cnr Lwandile & Spine Road, Khayelitsha, 7784	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>Mosselbay</b> KKT Sentrum Nr. 7, Gericke Street, Voorbaai, Mossel Bay, 6506	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>Knysna</b> Thesen House, 6 Long Street, Knysna, 6571	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>George</b> Entrance A, 1 <sup>st</sup> Floor Beacon Place, 125 Meade Street, George, 6530	044 803 4900 sefawc@sefa.org.za	08h30 - 16h30
		<b>Oudtshoorn</b> 70 Voortrekker Street, Oudtshoorn, 6625	044 803 4900 sefawc@sefa.org.za	08h30 - 17h00
		<b>Beaufort West</b> Thusong Service Centre, 3 De Vries Street, Beaufort West, 6970	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>Hermanus</b> Shop No 44, Gateway Centre, Hermanus, 7200	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00

Regional Office	Office Type	Address	Telephone Number	Office Hours
Western Cape	Co-locations	<b>Stellenbosch</b> 1 <sup>st</sup> Floor, Eikestad Mall, Andriga Street, Stellenbosch, 7599	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>Worcester</b> 62, Cnr High & Stockenström Street, Worcester, 6850	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>Vredenburg</b> 19 West Coast Centre, 11 Long Street, Vredenburg, 7380	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		<b>Saldanha</b> Tonyn Street, Saldanha, 7395	022 714 1731 sefawc@sefa.org.za	08h30 - 16h30
Eastern Cape (Western Districts)	<b>sefa</b> Regional Office	<b>East London</b> Chesswood Office Park, 8-10 Winkley Street, 2 <sup>nd</sup> Floor, Berea, 5241	043 721 1510 sefael@sefa.org.za	08h30-16h30 Monday - Friday
	Co-locations	<b>Port Elizabeth</b> No 68 Cape Road, Mill Park, Port Elizabeth, 6000	041 373 4153 sefape@sefa.org.za	08h30-16h30 Monday - Friday
		<b>Queenstown</b> Sasol Complex, Cathcart Road, Queenstown, 5319	043 721 1510 sefael@sefa.org.za	10h00 - 15h00
		<b>Mount Alyff</b> Disaster Management Centre, 188 Nolangeni Street, Mount Alyff, 4735	043 721 1510 sefael@sefa.org.za	10h00 - 15h00
		<b>Mthatha</b> 7 Sissons Street, ECDC House, Fort Gale, Mthatha, 5100	047 504 2200 sefael@sefa.org.za	08h00 - 16h30
Northern Cape	<b>sefa</b> Regional Office	<b>Kimberley</b> 72 Long Street, Business Partners Building, Kimberley, 8301	053 832 2275 sefanc@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	<b>Kuruman</b> Cnr Roos & Church Street, Kuruman, 8460	053 832 2275 sefanc@sefa.org.za	09h30 - 15h00
		<b>Upington</b> Cnr Scott & Upington 26 Street, Old Sanlam Building, 3 <sup>rd</sup> Floor, Upington, 8800	053 832 2275 sefanc@sefa.org.za	09h30 - 15h00
		<b>De Aar</b> Cnr Main & Station Street, De Aar, 7000	053 832 2275 sefanc@sefa.org.za	09h30 - 15h00
		<b>Springbok</b> 3 Rivier Street, Springbok, 8240	053 832 2275 sefanc@sefa.org.za	09h30 - 15h00
		<b>Upington</b> De Drift Plaza, Block 6, Olyvenhoutsdrift Settlement, Louisvale Avenue, 8801	053 832 2275 sefanc@sefa.org.za	09h30 - 15h00
Mpumalanga	<b>sefa</b> Regional Office	<b>Nelspruit</b> Corner Ferreira and Streak Street, 3 <sup>rd</sup> Floor, Suite 301, MAXSA Building, Nelspruit, 1200	013 755 3923 sefamp@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	<b>Witbank</b> Cnr OR Tambo & Mandela Street, Shop L2-1A, Saveways, Crescent Shopping Centre, Witbank, 1035	013 755 3923 sefamp@sefa.org.za	08h00 - 17h00
		<b>Secunda</b> South Wing, Govan Mbeki Building, Lurgi Square, Secunda, 2302	013 755 3923 sefamp@sefa.org.za	08h00 - 17h00
		<b>Malelane</b> Lorenzo Street, Rotunda Circle, Malelane, 1020	013 755 3923 sefamp@sefa.org.za	08h00 - 17h00
		<b>Bushbuckridge</b> Shop 31, Twin City Shopping Centre, Bushbuckridge, 1280	013 755 3923 sefamp@sefa.org.za	08h00 - 17h00
Limpopo	<b>sefa</b> Regional Office	<b>Polokwane</b> Suite 4, Biccadd Park, No. 43 Biccadd Street, Polokwane, 0699	015 294 0900 sefalp@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	<b>Tohoyandou</b> Old Mutual Building, Old Group Scheme Offices, Mphephu Road, Tohoyandou, 7950	015 294 0900 sefalp@sefa.org.za	08h30 - 17h00
		<b>Mopani</b> 27 Peace Street, 1 <sup>st</sup> Floor Prosperitas Building, Tzaneen, 0850	015 294 0900 sefalp@sefa.org.za	08h30 - 17h00
		<b>Mokopane</b> 40 Retief Street, Mokopane, 0600	015 294 0900 sefalp@sefa.org.za	08h30 - 17h00
		<b>Sekhukhune</b> 189 Vergelegen Street, Tlatlolang Centre, Jane Furse, 1085	015 294 0900 sefalp@sefa.org.za	08h30 - 17h00
North West	<b>sefa</b> Regional Office	<b>Rustenburg</b> 32B Heystek Street, Sunetco Building, Rustenburg, 0299	014 592 6391 sefanw@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	<b>Klerksdorp</b> West End, 2 <sup>nd</sup> Floor, 51 Leask Street, Klerksdorp, 2570	014 592 6391 sefanw@sefa.org.za	08h00 - 17h00
		<b>Vryburg</b> 8 Moffat Street, Vryburg, 8600	014 592 6391 sefanw@sefa.org.za	08h00 - 17h00
		<b>Mahikeng</b> 1B Mikro Plaza, Cnr First & Bessemmer Streets, Industrial Sites, Mahikeng, 2745	018 397 9942 sefanw@sefa.org.za	08h00 - 17h00



For more information or assistance in completing the form:

Call us: 012 748 9600

Fraud Hotline Number: 0800 30 33 36 (Tip-offs Anonymous)

Email us: [helpline@sefa.org.za](mailto:helpline@sefa.org.za) or [complaints@sefa.org.za](mailto:complaints@sefa.org.za)

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