



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 Name						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		
Period in Business (Years)						Number of Current Employees								
New jobs expected to be created														
How did you hear about sefa ? (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 our offices? <input type="checkbox"/> Post <input type="checkbox"/> Fax <input type="checkbox"/> () - E-mail <input type="checkbox"/>														

CONTACT PERSON

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

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FINANCIAL INFORMATION¹

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)

	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
Net Profit	R	R	R	R	R
ASSETS AND LIABILITIES					
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
Networth	R	R	R	R	R

REFERENCES

TRADE

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"/>

BANKING

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	

¹ Please attach financial statements - if available

PROFESSIONAL

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

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/our application and may lead to legal action against me/ us and/or the entity I/we represent.

I/we hereby grant the Small Enterprise Finance Agency (SOC) Ltd 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 the Small Enterprise Finance Agency (SOC) Ltd to disclose some of my/our personal information to these parties to obtain the information we require and acknowledge that the Small Enterprise Finance Agency (SOC) Ltd will never disclose more information than they are required to.

Small Enterprise Finance Agency (SOC) Ltd warrants that it will treat your personal information as confidential and take all necessary steps to protect your personal information as required by the Protection of Personal Information Act of 2013. We will only disclose your personal 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									Surname								
Full Name(s)									Full Name(s)								
Designation									Designation								
Signature									Signature								
Place									Place								
Date	D	D	M	M	C	C	Y	Y	Date	D	D	M	M	C	C	Y	Y

LOAN APPLICATION FORM

SECTION A: COMPANY 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 <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

TRADE

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"/>

BANKING

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			

PROFESSIONAL

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

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
TOTAL INCOME	R

(LESS) EXPENSES

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
(LESS) TOTAL EXPENSES	R

SURPLUS (DEFICIT)

STATEMENT OF ASSET AND LIABILITIES

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

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/our application and may lead to legal action against me/ us and/or the entity I/we represent.

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- 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		
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	<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 of Contact Person	Surname											First Name(s)										
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 of Accounting Officer	Surname		First Name(s)	
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									

MEMBER/SHAREHOLDER/PARTNER DETAILS

		✓
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"/>

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 R5million

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

HEAD OFFICE

Centurion

Eco-Fusion 5, Block D, 1004 Teak Close,
Witch-Hazel Avenue, Eco Park, Centurion, 0157
Tel: (012) 748 9600 | E-mail: helpline@sefa.org.za

GAUTENG

Tshwane (seda co-location)

Block C, 4th Floor, Old Mutual Building,
536 Schoeman Street, Pretoria
Tel: (012) 441 0480 | E-mail: sefagnorth@sefa.org.za

Braamfontein

No L3-01, Braampark Office, 33 Hoofd Street,
Braamfontein, Johannesburg, 2000
Tel: (011) 403 1761 | E-mail: sefagsouth@sefa.org.za

Ekurhuleni

Ekurhuleni Business Facilitation Network,
Corner Voortrekker & Monument Road Kempton Park
Tel: (010) 492 3655 | E-mail: sefagpeast@sefa.org.za

Soweto

Shop 368 Maponya Mall, Thusong Centre
Chris Hani Road / Old Potchefstroom Road
Tel: (011) 938 4257 | E-mail: sefagpeast@sefa.org.za

EASTERN CAPE

East London

Chesswood Office Park, 8 - 10 Winkley Street,
2nd Floor, Berea, 5241
Tel: (043) 721 1510 | E-mail: sefael@sefa.org.za

Port Elizabeth (seda co-location)

No 68 Cape Road, Mill Park, Port Elizabeth, 6000
Tel: (041) 373 4153 | E-mail: sefape@sefa.org.za

Mthatha

7 Sissons Street, ECDC Building Fortgate, Mthatha
Tel: (047) 504 2200 | Email: sefael@sefa.org.za

FREE STATE

Bloemfontein

Office 4 & 5, Preller Square, Graaf Reinet Street,
Dan Pienaar, Bloemfontein, 9301
Tel: (051) 436 0150 | E-mail: sefafs@sefa.org.za

Qwaqwa

Mampoi Road, Phuthaditjhaba, 9866
Tel: (051) 436 0150 | email: sefafs@sefa.org.za

KWAZULU-NATAL

Durban

21st Floor, Office 2102, Durban Embassy Building,
Anton Lembede Street, Durban, 4001
Tel: (031) 368 3485 | E-mail: sefakzn@sefa.org.za

Pietermaritzburg

1st Floor ABSA Building
15 Chatterton Road, Pietermaritzburg, 3201
Tel: (033) 328 2560 | E-mail: sefakzn@sefa.org.za

LIMPOPO

Polokwane

Suite 4, No 43 Biccard Street, Biccard Park, Polokwane, 0699
Tel: (015) 294 0900 | E-mail: sefalp@sefa.org.za

MPUMALANGA

Nelspruit

Corner Ferreira & Streak Street, 3rd Floor, Suite 301
MAXSA Building, Nelspruit, 1200
Tel: (013) 755 3923 | E-mail: sefamp@sefa.org.za

NORTHERN CAPE

Kimberley

72 Long Street, Business Partners Building, Kimberley, 8301
Tel: (053) 832 2275 | E-mail: sefanc@sefa.org.za

Upington

De Drift Plaza, Block 6, Olyvenhoutsdrift Settlement,
Louisvale Avenue, Upington, 8800
Tel: (054) 337 8600 | E-mail: sefanc@sefa.org.za

NORTH WEST

Rustenburg

32B Heystek Street, Sunetco Building, Rustenburg, 0299
Tel: (014) 592 6391 | E-mail: sefanw@sefa.org.za

Mahikeng

1B Mikro Plaza, corner First and Bessemer Streets
Industrial Sites, Mahikeng
Tel: (018) 397 9945 | sefanw@sefa.org.za

WESTERN CAPE

Cape Town

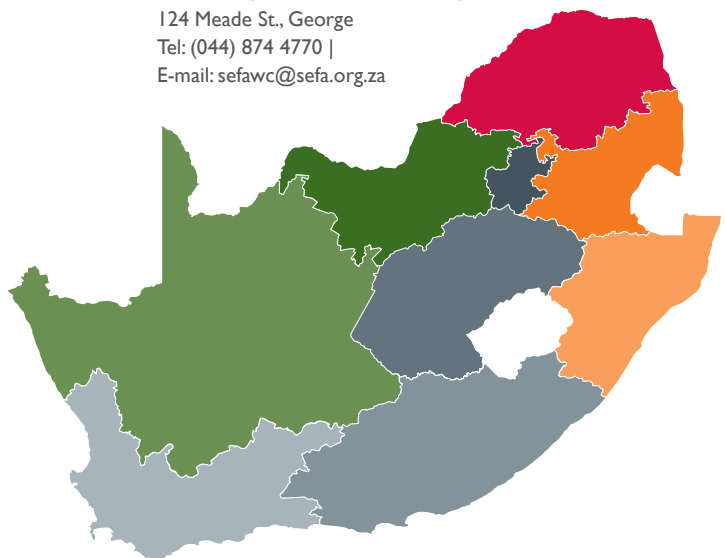
9th Floor, FNB Building, 2 Long Street, Cape Town, 8001
Tel: (021) 418 0126 | E-mail: sefawc@sefa.org.za

Saldanha

Tonyn Street, Saldanha, 7395
Tel: (022) 714 1731 | E-mail: sefawc@sefa.org.za

George

Entrance A, 1st Floor Beacon Place,
124 Meade St., George
Tel: (044) 874 4770 |
E-mail: sefawc@sefa.org.za



For more information or assistance in completing the form:

Call us: 012 748 9600

Email us: helpline@sefa.org.za

Visit us at a Regional Office near you

www.sefa.org.za