



## A. ENTERPRISE AND SUPPLIER DEVELOPMENT PROGRAMME APPLICATION FORM

1. Personal details									
Entrepreneur name:	Title								
	Name(s)								
	Surname								
ID number:						Nationality:			
Gender:	Male	Racial classification:							
	Female	Black	Col	White	Indian	Other			
Residential address:							Code		
Postal address:							Code		
Telephone				Cell:			Fax:		
Email:									

2. Business details									
Registered business name (if applicable):									
Registration number (if applicable):									
Trading name: (if applicable)									
VAT registration number: (if applicable)									
Telephone				Cell:			Fax:		
Email:									
Tax reference number (if applicable):				Tax clearance certificate (if applicable):	Y		N		
BBBEE ownership status:	CLASSIFICATION	PERCENTAGE							
	Level								
	Black Ownership								



### 3. Business details cont.

#### Operational information

Please indicate the values attributed to the following aspects of your business:

Average monthly turnover (over the past 12 months)

Current number of employees:	Permanent	
	Temporary	
	Total SA Residents	

Business type:	Pty (Ltd)		Cooperative	
	Sole Proprietor		Partnership	
	Other			

Sector:

Business address:			
		Code	

Postal address:			
		Code	

Core business activity:

Amount being requested: (Please note the Threshold is R250K)

Core business issues: (Please state the current challenges faced by the business)

Have you provided services for KMR before? If Yes, please give details.

Affiliation to Industry Body: (Please include membership number where applicable)

Please indicate how you heard about the Programme:	Website		Word of Mouth		Radio	
	Newspaper		Email communication			
	Other - please specify					



## B. Acceptance

I (full name) \_\_\_\_\_ as  
the (Designation) \_\_\_\_\_

\_\_\_\_\_ hereby declare that  
I have read and fully understood and accepted the above terms and conditions as set out  
in Sections A, B and C relating to accessing the KMR ESD Programme .

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

## C. Checklist

Application documentation checklist		YES	NO	Initial
1.	COMPLETED APPLICATION FORM			
2.	MUNICIPAL PERMIT OR PROOF OF RESIDENCE			
3.	TWO PAGE BUSINESS PROFILE: Explain primary target market, business concept and the potential of the assistance you are seeking through this programme. ( <b>NOT APPLICABLE TO INFORMAL TRADERS</b> )			
4.	VALID TAX CLEARANCE CERTIFICATE ( <b>NOT APPLICABLE TO INFORMAL TRADERS</b> )			
5.	ANNUAL FINANCIAL STATEMENTS/MANAGEMENT ACCOUNTS/BANK STATEMENTS ( <b>NOT APPLICABLE TO INFORMAL TRADERS</b> )			
6.	COMPANY REGISTRATION DOCUMENTS ( <b>NOT APPLICABLE TO INFORMAL TRADERS</b> )			
7.	COPY OF OWNER(S) ID DOCUMENT(S)			
8.	REGION			NC
				JTG

**By completing this Form you hereby acknowledge that you have read and accept the following Protection of Personal Information (POPI) disclaimer. You understand and agree that all information provided, whether personal or otherwise, may be used and processed by the "KMR" and such use may include placing such information in the public domain and sharing it with regulators when requested.**