



COVID-19 SMME COMMON APPLICATION FORM

WHAT ARE YOU APPLYING FOR? PLEASE TICK ONE OF THE FOLLOWING:

Business Growth /Resilience Facility

(complete and send to

bizgrowth@sefa.org.za)

Debt Relief Finance

(complete and send to

smmerelief@sefa.org.za)

Please select facility

1. CONTACT PERSON

First name(s)

Surname

ID Number

Telephone number (landline)

Cell phone number

Email address

2. COMPANY INFORMATION

SMME Database Reg No:

Organisation Type:

Company registered name:

Registration number:

Trading name:

Date registered:

Date started operating:

Financial Year-end:

CSD Registration Number:

Physical address:

Postal address:

Town:

District:

Province:



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3. INDUSTRY OR SECTOR (only applies for Business Growth/Resilience)

Applicable sector for your main income

4. LIST OF PRODUCTS AND SERVICES

5. CLIENT/POTENTIAL CLIENTS

a. Business Growth & Resilience Facility

Who are your 3 most recent clients?

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Who are your 3 target clients?

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b. SMME Debt Relief Finance

Who are your 3 most recent clients?

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How do you plan to resuscitate your business?

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6. FUNDING REQUIREMENTS

Total amount of other (external) funding

Important to note:

1. You may only apply for one intervention
2. Funding will be dependent on the level of financial distress calculated on the average of the last 3 months.

Business Growth Facility

Categories:

- Micro R50 000 – R250 000
- Small R250 001 – R 2 5 00 000
- Medium R 2 500 001 – R 5 000 000

Debt Relief Finance

- No historical Municipal Debt Municipal accounts capped at R 5000
- NB: salary payment scales will be in line with UIF scale
- Companies contributing to UIF must claim from UIF but the companies eligible for funding must register with UIF

<input type="checkbox"/>	stock
<input type="checkbox"/>	bridging finance
<input type="checkbox"/>	purchase order
<input type="checkbox"/>	business equipment

<input type="checkbox"/>	salaries
<input type="checkbox"/>	rent
<input type="checkbox"/>	municipal accounts

7. EXISTING CREDIT INFORMATION (NOT SPAZA SHOPS) IF APPLICABLE

8. WHO DO YOU PROCURE INPUTS FROM (RAW MATERIALS)



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9. COMPLIANCE ENVIRONMENT

Outline compliance in terms of the applicable standards, such as: (Yes/ No/ N/A)

Health and safety	Yes/ No/ N/A
Municipal by-laws	Yes/ No/ N/A
SARS	Yes/ No/ N/A
Labour laws: UIF & Compensation Fund	Yes/ No/ N/A
Applicable industry laws	Yes/ No/ N/A
Membership of industry bodies	Yes/ No/ N/A

10. LIST OF ADDITIONAL DOCUMENTS (by email)

- Company Statutory Documents;
 - CIPC,
 - SARS,
 - CSD optional
- FICA documents (e.g. Municipal accounts, letter from traditional authority)
- ID Copies of Directors
- 3 months Bank Statements
- Latest Annual Financial Statements or Latest Management Accounts (Statement of Financial Performance and Statement of Financial Position) – **where applicable**
- Business Profile
- Project Execution Plan (applicable for Business Growth)
- Municipal trade permit (applicable to the spaza shops)
- 6 months Cash Flow Projections – **where applicable**
- Copy of Lease Agreement or Proof ownership (applicable for Debt Relief Finance)
- Relevant Industry Certification – **where applicable**
- Copy of Contract or Order
- Facility Statements of Other Funders - **where applicable**
- Estimations for applied funding

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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 Department of Small Business Development (**DSBD**), Small Enterprise Finance Agency (SOC) Ltd (**sefa**) and Small Enterprise Development Agency (SOC) Ltd (**seda**) hereto referred as the **DSBD Portfolio**.

I/We hereby grant the **DSBD Portfolio** 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 **DSBD Portfolio** to disclose my/our personal information to these parties to obtain the information they require and acknowledge that the **DSBD Portfolio** will never disclose more information than they are required to.

DSBD Portfolio 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.

DSBD Portfolio 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	

Please select facility