

APPLICATION FOR FINANCIAL ASSISTANCE

SECTION A

PERSONAL INFORMATION

Title Surname

First Name Race classification

Date of Birth Citizenship ID Number

Residential Address

Postal Address

Telephone (Business) Telephone (Home)

Fax E-mail Cellphone

How long at the present address Residential property is: Owned Rented

Next of kin Name Telephone

E-mail Cellphone

Was previous residence: Owned Rented Marital Status: Married COP ANC Single Divorced Other

Highest academic qualification obtained

Institution Date

Business training/ Course attended

Details of career history:

| EMPLOYER/ BUSINESS | FROM | TO | TYPE OF WORK | LAST POSITION | ANNUAL INCOME |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |

Please state any relevant experience related to the business for which finance is sought (Attach CV)

In what capacity will you be employed in the business?

Do you have an interest in any other business? Yes No

If yes, Please state the nature of interest and business names

SECTION B

FINANCIAL POSITION

Have you had any other business loan(s) guarantee(s)? Yes No If yes, please supply details

| ASSETS | AMOUNT | LIABILITIES | AMOUNT |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Have you even been sequestered? Yes No If yes when? Date:

If yes, have you been rehabilitated? When?

Are you under debt review or insolvent? Yes No If yes, give details

Have you ever been found guilty of a criminal offence? Yes No If yes, give details

Have you ever reached a compromise with creditors? Yes No If yes, give details

Have you ever been summoned or had judgement against you? Yes No If yes, give details

Have you ever signed surety for anyone else? Yes No If yes, give details

Signature Date: Full name

Capacity

APPLICATION FOR FINANCIAL ASSISTANCE

SECTION C

CONSENT TO CREDIT REFERENCES AND ACCESS TO INFORMATION

- I hereby consent to Gauteng Enterprise Propeller making enquiries about and accessing any information relating to its due diligence process, including but not limited to my credit records and the credit records of the business with any credit reference agency or any other private or public body, creditor or party which may be required in order to process and confirm the details included in this application.
- I further consent to Gauteng Enterprise Propeller making regular enquiries and accessing any information about my credit record and the credit record of the business with any credit reference agency or any other private or public body, creditor or party during the period of any finance which may be granted.
- I undertake that if my specific consent is required to enable Gauteng Enterprise Propeller to Make enquiries in terms of paragraph 1 and 2 above to give such consent whenever requested to do so.

| | | | | |
|-----------|----------------------|---|-----------|----------------------|
| Signature | <input type="text"/> | Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Full name | <input type="text"/> |
| Signature | <input type="text"/> | Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Full name | <input type="text"/> |
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| Signature | <input type="text"/> | Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Full name | <input type="text"/> |

SECTION D

BUSINESS INFORMATION

| | | | |
|--|----------------------|--------------------------|--|
| Business name or proposed business name <input type="text"/> | | | |
| Business trading name | <input type="text"/> | Business address | <input type="text"/> |
| | <input type="text"/> | Trading address | <input type="text"/> |
| | <input type="text"/> | Company Registration no. | <input type="text"/> |
| VAT Registration no. | <input type="text"/> | Tax Reference no. | <input type="text"/> Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Bank Details

| | | | | | |
|----------------------|----------------------|----------------|----------------------|-----------------|----------------------|
| Name of bank | <input type="text"/> | Branch | <input type="text"/> | Type of account | <input type="text"/> |
| Account number | <input type="text"/> | Contact person | <input type="text"/> | | |
| Overdraft facilities | <input type="text"/> | Security | <input type="text"/> | | |

Other Details

Has the business ever reached a compromise with its creditors? Yes No Ownership- 51% Black owned? Yes No

If yes, full details should accompany this application

Funds Required

| | GEP | OWN FUNDS | OTHER FUNDS |
|--------------------------|-----|-----------|-------------|
| Building | | | |
| Plant, Equipment & Tools | | | |
| Shopfitting & fixture | | | |
| Stock | | | |
| Other (* Specify) | | | |
| TOTAL FINANCING | | | |

Please explain your reasons for requiring funds

APPLICATION FOR FINANCIAL ASSISTANCE

 Is/Will the business operate as: Sole Proprietor Partnership Close Corporation Private Company

Names of shareholders/Partners /Members:

| NAME OF PERSON | CAPACITY : DIRECTOR/MEMBER | % HOLDING | FINANCIAL CONTRIBUTION IF ANY |
|----------------|----------------------------|-----------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

 If the business is already in existence for how long? Years/Months Have you relevant a trading license Yes No
 Have you obtained relevant trading license Yes No Have you obtained relevant liquor license Yes No
 State the actual activities of the business

Management

Who is or shall be responsible for the management of the business? (Please indicate the following)

Full names Age Experience Highest Academic Qualifications Business Course Attended How many people are currently employed by the business? How many more people can be employed after the granting of the loan?

Commitment

Please Note: The information supplied in this form will form the basis for the granting of finance. If it is found that false information has been supplied or that material information to this application has been withheld, then the application may be cancelled. Application to be bonded or professionally packed no loose paper. Incomplete application form would not be accepted.

I, the undersigned, hereby declare that the information supplied herein and attached hereto is to best of my knowledge and ability, true, correct and complete in all respect.

 Signature of Principal/
 Owner / Authorised
 Representative Full name of signature
 Full name Date:

SECTION E

SUPPORTING DOCUMENTATION

Kindly attach to this document your:

- Business plan with five-year projections
- Previous three-years financial statement and current management accounts (for existing businesses)
- Purchase/Sales/Lease/ Franchise/ Licensing/ Agency or any other agreements
- Any other information supporting your proposal
- Residential Address - Water and rates to be submitted
- Marriage certificate and divorce degree, if applicable
- Annexes 1 of all details of members, if applicable

Number Annexes 1 pages
JOHANNESBURG OFFICE
 7th Floor, 124 Main Street
 Marshalltown, Johannesburg
 Telephone: +27 11 085 2002
 Fax: +27 11 834 6702

EKURHULENI OFFICE
 Ground Floor 188 Victoria Street,
 Germiston
 Telephone: +27 11 821 2870
 Fax: +27 11 821 2886

SEDIBENG OFFICE
 1st Floor, GEP House 22 Hertz
 Boulevard Vanderbijlpark
 Telephone: +27 16 910 1200
 Fax: +27 16 910 1216

WEST RAND OFFICE
 23 Eloff Street Krugersdorp
 Telephone: +27 11 950 9870
 Fax: +27 11 950 9886

TSHWANE OFFICE
 4th Floor, City Towers Building 221
 Van der Walt Street
 Pretoria Central
 Telephone: +27 12 323 4205
 Fax: +27 12 323 4207

HEAD OFFICE 6th Floor, 124 Main Street, Marshalltown, Johannesburg, Telephone: +27 11 085 2001, Fax: +27 11 388 4010, Website: www.gep.co.za

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