

# Application Form FREE Business Development Workshop for Western Cape SMMEs

Take the first step towards qualifying for a free Business Development Workshop in your area. Complete this application form and return it to the Absa Bank Enterprise Development Department with the necessary attachments (see below). Please supply as much detail as possible as the information you provide will be used to evaluate your suitability for participation.

**Please note:** Completion of the application form does not guarantee admittance to a workshop and final selection is at the discretion of the project committee. Workshops are presented free of charge, however participants are responsible for their own travel and accommodation expenses.

### **Personal Details**

| Title                  | Mr, Ms, Miss, Dr, Prof, Eng. Etc. |
|------------------------|-----------------------------------|
| Full names             |                                   |
| Surname                |                                   |
| South African identity |                                   |
| (ID) number            |                                   |
| Cell number            |                                   |
| Landline number        |                                   |
| Email address          |                                   |
|                        | Street                            |
| Physical address       | Suburb                            |
|                        | City                              |
|                        | Postal Code                       |

| Gender  | Male     | Female |  |
|---|----------|--------|--|
| (please mark with an X)                       |          |        |  |
|   | Black    | White  |  |
| Racial Classification (please mark with an X) | Coloured | Indian |  |
|   | Other    |        |  |





# **Formal Education**

| Qualification and/or courses |                                  |      |
|------------------------------|----------------------------------|------|
| completed                    | Institution                      | Year |
| Example: Grade 12            | Cape Town High School, Cape Town | 2015 |
|                              |                                  |      |
|                              |                                  |      |
|                              |                                  |      |
|                              |                                  |      |

# **Existing Business Activities**

Please inform us about the current profile (type) and status (registration number etc.) of your business:

| Name of Business                   |  |                                |
|------------------------------------|--|--------------------------------|
| Core Business Activity             |  |                                |
|                                    | Hair cutting & Grooming                    | Professional Services          |
|                                    | Restaurant and food establishment          | Repair services;<br>automotive |
|                                    | Retail: clothing and accessories           | Transport Services             |
| Please choose appropriate industry | Clothing Design & Tailoring                | Retail: Hardware               |
| (please mark with an X)            | Retail Other                               | Security Services              |
|                                    | Manufacturing                              | Entertainment Services         |
|                                    | Childcare services                         | Other                          |
|                                    | Cleaning services                          |                                |
|                                    | Media & publications                       | 5                              |
| Number of years in existence       |  |                                |
| Form of ownership                  | E.G. Private company, sole proprietor etc. |                                |
| Business Registration Details      | Туре                                       |                                |
|                                    | Registration<br>Number                     |                                |
| Vat Reg. (If applicable)           |  |                                |





|  | Street         |                   |
|--|----------------|-------------------|
| Physical Address where business is conducted         | Suburb         |                   |
|  | City           |                   |
|  | Postal Code    |                   |
| District of the Masteria Cons                        | Overberg       | Central Karoo     |
| District of the Western Cape (please mark with an X) | West Coast     | Eden              |
| (picase iliaik with all x)                           | Cape Winelands | City of Cape Town |

# **Employment**

| Total no. of employees (excluding |  |
|-----------------------------------|--|
| you as the business owner)        |  |
| No. of permanent, full-time       |  |
| employees                         |  |
| No. of permanent, part-time       |  |
| employees                         |  |
| No. of seasonal / temporary /     |  |
| contract workers                  |  |

## **Monthly Income & Annual Turnover**

Please indicate your Average Monthly Income with an X

| < R5,000                       |  |
|--------------------------------|--|
| R5,000 - R15,000               |  |
| R15,000 – R30,000              |  |
| Indicative Annual Turnover (R) |  |

### **Attachments**

The following must be attached to your application:

- 1) A certified copy of your ID
- 2) A certified copy of your current BEE Certificate (If you are an Exempt Micro Enterprise you will be required to sign an affidavit at the workshop)

The Business Development Workshops are presented by Absa Bank Enterprise Development Department, in partnership with the Western Cape Department of Economic Development and Tourism.





# Please select your nearest location in the table below: Mark with an (X)

| Cape Metro            | West Coast  | <u>Cape</u><br>Wine -lands | Overberg   | <u>Eden</u>        | <u>Karoo</u>  |  |
|-----------------------|-------------|----------------------------|------------|--------------------|---------------|--|
| Atlantis              | Malmesbury  | Stellenbosch               | Bredasdorp | George             | Laingsburg    |  |
| Kraaifontein          | Saldanha    | Paarl                      | Hermanus   | Oudtshoorn         | Murrays -burg |  |
| Delft/<br>Bonteheuwel | Vredenburg  | Wellington                 | Napier     | Knysna             | Prince Albert |  |
| Bellville             | Morreesburg | Ceres                      | Gansbaai   | Plettenberg<br>Bay | Leeugamka     |  |
| Strand                | Piketberg   | Worcester                  | Stanford   | Riversdale         | Beaufort West |  |
| Khayelitsha           | Porterville | Montague                   | Struisbaai | Mosselbay          |               |  |
| Mitchells Plain       | Clanwilliam | Robertson                  | Arniston   |                    |               |  |
| Langa                 | Vredendal   |                            | Swellendam |                    |               |  |
| HoutBay/Cape<br>Town  |             |                            | Grabouw    |                    |               |  |
| Wynberg               |             |                            | Caledon    |                    |               |  |





### **Terms & Conditions**

#### The following terms and conditions apply when the applicant signs the application form:

- 1.1 The participant agrees to enter the Department's monitoring and evaluation programme, in which the participant agrees to disclose information such as, but not limited to, business information relating to:
- a) Employment count in the business;
- b) Sales and turnover information;
- c) Rand value of assets in the company;
- d) Other financial information;
- e) Information relating to its state of operations.
- 1.2 The participant agrees to allow the department to conduct site visits and take pictures of staff and production activities/operations at the business premises. The participant can be contacted for a period of 12 to 24 months after the intervention has taken place as part of monitoring and evaluation.
- 1.3 By signing this form the participant commits to attend the full duration of the course and agrees to comply with all terms and conditions as sets out in this form.

| I (full name)                | ID Number                             | as the         |
|------------------------------|---------------------------------------|----------------|
|                              | (designation) of                      | (company name) |
| hereby agree to the above te | rms and conditions.                   |                |
| Signature:                   |                                       |                |
| Date:                        |                                       |                |
| Signed at:                   |                                       |                |
| Please send the completed a  | application form and accompanying doc | cuments to:    |

**Gordon Sharman** 

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