

# APPLICATION FORM

Co-operative Incentive Scheme



small business  
development

Department:  
Small Business Development  
REPUBLIC OF SOUTH AFRICA

**Physical Address**  
the dti Campus, Block G  
77 Meintjies Street, Sunnyside  
Pretoria, 0002

**Postal Address**  
Private Bag X672  
Pretoria  
0001

**Contact Details**  
Tel: 0861 843384 (option 2)  
Email: [sbdinfo@dsgb.gov.za](mailto:sbdinfo@dsgb.gov.za)  
Website: [www.dsgb.gov.za](http://www.dsgb.gov.za)

## SECTION A: QUALIFYING CRITERIA

		Yes	No			Yes	No
Do you have between 1 and 10 Directors?				Is your enterprise HDI owned?			
Do you have a minimum of 5 Members?				Do you have a Constitution?			
Valid Tax clearance certificate?				Do you have a Resolution to initiate this application?			
Do you have a banks statement?				Does your Business Plan have financial projections?			
Do you have CV's and certified ID copies of the Directors?				Do you have valid quotations?			

## SECTION B: APPLICANT INFORMATION

Type of Business:	Start-up	Existing				
Name of Co-Operative:						
Registration Number:						
Registration Date:			Income Tax Number:			
Details of Contact Person:						
Title:				Name:		
Cell Phone:				Telephone:		
Fax (if any):				Email address:		
Details of Alternative Contact Person:						
Title:				Name:		
Cell Phone:				Telephone:		
Fax (if any):				Email address:		
Business Contact Details:						
Physical Address of Business			Postal Address of Business			
Street Name:			Address:			
Suburb:			Suburb:			
Province:			Province:			
City/Town:			City/Town:			
Code:			Code:			
Landline:			Alternative No:			

## SECTION C: APPLICANT INFORMATION

Name and Surname of Director/Member	ID Number:	Gender	Race	Youth <35	Disabled

## SECTION D: BUSINESS OPERATIONS

In which sector does the Business Operate?					
Does the product/service need to be tested for compliance?		Yes	No		
If Yes, please provide details of compliance:					
How many products/service does the business provide?					
Describe the three main products/services					
Product/Service	Competing Product/Service				

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## SECTION E: EMPLOYMENT INFORMATION

How many Employees does the business currently have from the following population groups (**Excluding business owners**)?

African Male		African Female		White Male		White Female	
Indian/Asian Male		Indian/Asian Female		Coloured Male		Coloured Female	
Foreign/Other Male		Foreign/Other Female		Chinese Male		Chinese Female	
						Total Employees	

How many Employees does the business currently have from the following population groups (**Business Owners only**)?

African Male		African Female		White Male		White Female	
Indian/Asian Male		Indian/Asian Female		Coloured Male		Coloured Female	
Foreign/Other Male		Foreign/Other Female		Chinese Male		Chinese Female	
						Total Employees	

How many Employees with Disabilities does the business currently employ from the following groups (**Excluding business owners**)?

African Male		African Female		White Male		White Female	
Indian/Asian Male		Indian/Asian Female		Coloured Male		Coloured Female	
Foreign/Other Male		Foreign/Other Female		Chinese Male		Chinese Female	
						Total Disabled	

## SECTION F: FINANCIAL INFORMATION

Financial Year End:

Indicate the business' Annual turnover for 3 financial years/periods

Period before current year end	1 <sup>st</sup> Year projected annual turnover	2 <sup>nd</sup> Year projected annual turnover
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Indicate the business' Annual Nett Profit for 3 financial years/periods

Period before current year end	1 <sup>st</sup> Year projected annual turnover	2 <sup>nd</sup> Year projected annual turnover
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## SECTION G: ACTIVITIES APPLIED FOR: (What assistance does the Co-operative apply for?)

Activities (List of Machinery Equipment)	Preferred Supplier	Cost of Activity (As per Quote)	Applicant Contribution (10%)

## SECTION H: OTHER SOURCES OF SUPPORT RECEIVED

Name of Organisation	Types of support (If monetary, state amount)	Date Received

## SECTION I: ACTIVITIES APPLIED

I hereby declare that the information in this application is a fair and true reflection of our intended project. I am aware of the fact that the information which we have submitted above will have a material bearing on the adjudication of the application and if it therefore subsequently appears that any information in the application with addendum was not correct, or that certain information was omitted, the Adjudication Board shall be entitled to withdraw or amend its approval and without prejudice to its rights, recover any amounts already paid or to withhold further payments due. I/We have declared that I/We are authorized to make this application and I/We have read and accept the terms and conditions listed in the guidelines. I/We authorize you to make any enquiries in accordance with your procedures in connection with this application.

Name of Authorised Official:	
Designation (Job Title/Role):	
Signature:	
Date:	

## SUPPORTING DOCUMENTATION REQUIRED

Proof of registration of the co-operative		Co-operative's Business Plan	
Original valid Tax Clearance Certificate		Three (3) comparable quotations per activity applied for	
Copy of Constitution		Certified copies of Directors' Identity Documents	
Copy of minutes resolutions to apply for CIS		Copy of latest Bank Statement	