



the dti

Department:
Trade and Industry
REPUBLIC OF SOUTH AFRICA

BBSDP

Application Form for Black Business Supplier Development Programme

DISCLAIMER AND IMPORTANT NOTICE:

- Please read the BBSDP Guidelines and schedule carefully before completing this form.
- the dti reserves the right to reject your registration application in the event of misleading or incorrect information provided in this form.
- Business Owners and Network Facilitators that submit applications with fraudulent information may be prosecuted.

HOW DID YOU FIND OUT ABOUT THE SCHEME?

- Road show / Exhibition / Presentation
 the dti Group
 the dti Website
 Industry Associations
 the dti Regional Office
 Private Sector Consultant
 Network Facilitator
 Word of Mouth
 Advertisement: TV, Radio, Print
 the dti Customer Contact Centre
 Business Associations
 Other

If other, please specify:

THE DEPARTMENT OF TRADE AND INDUSTRY CONTACT DETAILS

Postal Address

Private Bag X84
Pretoria
0001

Courier Address

1 Esselen Street (Ground Floor)
Shared Service Centre
Sunnyside, Pretoria
0002

Web Address

www.thedti.gov.za

Customer Contact Centre

0861 843 384
+27(0)12 394 9500

ONLY FULLY COMPLETED APPLICATION FORMS WILL BE CONSIDERED

The registration form must be signed by the Authorised Shareholder/ Member in the business.

SECTION A

GENERAL INFORMATION

Yes

No

	Yes	No
Is your company predominantly black-owned (51%)?		
Is your company employing a predominantly black management team (50%)?		
Does your company generate a turnover of between R250, 000 to R35 million per annum?		

Describe the interventions for which you are applying?

Area of intervention

Tick the **one** that applies

1.	Training	
	Business development	
	Tools, machinery and equipment	
2.	Training	
	Business development	
	Tools, machinery and equipment	

Preferred Service Provider and Motivation:

1.	3
2.	4

Cost-sharing proposal:

Description of Intervention	Estimated Total Cost	BBSDP Grant	Own Contribution	3 rd Party Funding
1.	R _____	R _____	R _____	R _____
2.	R _____	R _____	R _____	R _____

DOCUMENTS TO BE SUBMITTED WITH REGISTRATION FORM	COMMENTS
Registration Certificate & Share Certificates / Proof of Ownership	
Tax Clearance Certificate	
Current Financial Statements (preferably verified) and 2 Years Projections	
Latest Management Accounts (if available)	
Copies of ID Documents for owners ,Key Managers and List of Current Employees (Name , Contact Details and ID Number)	
Recent One month bank statement	
Picking Sound Companies Report and/ Company Diagnostic	
Letter of intent by 3 rd party funder	
Three (3) quotations for each service/activity required	

SECTION B

BUSINESS INFORMATION

1. NAME OF COMPANY					
2. ENTITY TYPE	<input type="checkbox"/> Close corporation (CC)	<input type="checkbox"/> Pty (Ltd)	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Co-operative	<input type="checkbox"/> Limited			
3.1. INCORPORATION NUMBER (CK / CM)		3.2. INCORPORATION DATE (CCYY/MM/DD)			
4. BUSINESS PHYSICAL ADDRESS					
Number and Street					
Suburb					
City / Town					
Province					
Postal Code					
5.1. CONTACT PERSON				5.2. TITLE	
6. BUSINESS CONTACT DETAILS (with area codes)					
E-mail					
Fax	e.g. +27(0)12 394 1234				
Mobile	e.g. +27(0)83 394 1234				
Landline	e.g. +27(0)12 394 1234				
Website					
7. Have you received support from the old BBSDP programme?[Tick (√) where appropriate] (Previous participation in the old BBSDP will not disqualify you from the new BBSDP)					Yes <input type="checkbox"/> No <input type="checkbox"/>
8.1. TAX OFFICE					
8.2. VAT Number		8.3. Company TAX Number			
8.4. TAX Clearance Certificate Number		8.5. TAX Clearance end date			

SECTION C

SHAREHOLDERS and MANAGEMENT

9. INDICATE THE DETAILS OF ALL SHAREHOLDERS IN THE COMPANY

NAME & SURNAME	ID / PASSPORT NO	% SHARES	RACE	GENDER	DISABLED

10. INDICATE THE DETAILS OF ALL KEY MANAGERS IN THE COMPANY

NAME & SURNAME	POSITION in the company	YOUTH (below 35 yrs)		RACE	GENDER	DISABLED
		Yes	No			

SECTION D

BUSINESS OPERATIONS

11. What year did this business start operating? (CCYY)

12. In which sector does this business operate? (See Annexure A). If the business operates in more than one sector, please indicate **only** the sector that accounts for the majority of the revenues.

13. How many different products does the business make or how many services does it provide?

14. List the 3 main products this business makes or the 3 main services that it provides.

A.

B.

C.

15. Approximately, how many customers does this business have in a year ? (Total number of customers)

16. Indicate the typical customer in percentages against sales where appropriate-more than 1 answer is possible in year (years aggregate)

General Public Private businesses Government Other %

If other, please specify:

17. How many contracts longer than 3 months does this business currently have with customers? (Zero if none)

18. How many tenders (applications to provide goods or services at a specified rate and period) did this business submit in the past two financial years? (Zero if none)

19. Of the total number of tenders this business submitted in the past two financial years, how many were successful? (Zero if none)

20. How many of these successful tenders were government tenders? (Zero if none)

SECTION E

EMPLOYEES

21. How many employees does this business currently have? Please exclude the owners of the business from this count? (full-time plus part time plus temporary plus unpaid, including family members).

Full time		Part time		Temporary Full time		Temporary Part time		Unpaid	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

22. What are the average hours worked per week for each of the following worker-types in your business?

Full time	Part time	Temporary Full time	Temporary Part time	Unpaid
(hours)	(hours)	(hours)	(hours)	(hours)

Full time employees work at least 40 hours per week. Part time employees work less than 40 hours per week. Temporary workers are short-term employees with no guarantee of work beyond a certain time frame, including seasonal workers.

23. How many employees does this business currently have from the following population groups?

Black Coloured White

Indian / Asian Chinese

SECTION F		FINANCIAL RECORDS AND EQUIPMENT		
		Year 1 Current Financials(mm/yyyy)	Year 2 Projections (mm/yyyy)	Year 3 Projections (mm/yyyy)
24. What is the business' CURRENT ANNUAL TURNOVER and PROJECTIONS for the following two years ?				
25. What is the business' CURRENT ANNUAL NETT PROFIT and PROJECTIONS for the following two years ?				
26. Does the business export goods or services to other countries?[Tick (√) where appropriate]		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
27. What was the approximate value in Rands of your exports to other countries in the past financial year (2009/10)? (Zero if none)				R <input type="text"/>
28. If exporting, list your main export destination countries.				A. <input type="text"/>
				B. <input type="text"/>
				C. <input type="text"/>

SECTION G		TRADE REFERENCES	
29. Entity / Contact person	30. Contact details (e-mail / landline / mobile)	31. Type of relationship with your company	
<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"/>	

Information for Section H, I, J and K will be treated as strictly confidential and will only be used for statistical purposes.

Personal information or any information that could identify your business will never be made public or provided to other government departments / agencies.

SECTION H		COST AND ASSETS STRUCTURE OF THE BUSINESS	
32. What was the approximate amount in Rand of these costs in the business in the past financial year (YYYY/MM) - - - / - - ?			
Salaries, wages, other costs associated with employees	R <input type="text"/>	Water consumption	R <input type="text"/>
Raw Materials (excludes fuels)	R <input type="text"/>	Communications (phone, Internet)	R <input type="text"/>
Products resold	R <input type="text"/>	Marketing and Promotion	R <input type="text"/>
Rent for land and/or buildings	R <input type="text"/>	Security costs	R <input type="text"/>
Rent for machinery and equipment	R <input type="text"/>	Interest charges and financial expenses (excludes loans capital payments)	R <input type="text"/>
Transportation of employees and products (petrol, freight, etc.)	R <input type="text"/>	Taxes and other fees	R <input type="text"/>
Electricity	R <input type="text"/>	Informal costs	R <input type="text"/>
Other energy costs	R <input type="text"/>	Other costs	R <input type="text"/>

Now, we would like to know more about your business equipment and other property and utilities that you use in your business.

	33. Does the business own the following? [Tick(√) where appropriate]		34. How many does this business own?	35. Year of acquisition or date of start of service (CCYY / MM)	36. What is the current value (original cost less depreciated value) of these assets?
	YES	NO			
Factory/plant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heavy machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Landline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cash register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Storage area					
Running water					
Computer					
Printer					
Internet/email					

SECTION I

FINANCING AND BANKING

37. Are there currently any outstanding loans for this business? [Tick (✓) where appropriate] Yes No

38. Where are these loans from? [Tick (✓) all appropriate options]

Bank / financial institution	<input type="checkbox"/>	Donor / NGO	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Retailer / local store	<input type="checkbox"/>
Friends / family	<input type="checkbox"/>	Stokvel / burial society	<input type="checkbox"/>
Government Agency (Khula, UYF, GEP, etc)	<input type="checkbox"/>	Mashonisa lender / township money lender	<input type="checkbox"/>
Micro-lender	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other, please specify <input type="text"/>			

39. What is the total amount in Rands of these loans outstanding?

Bank / financial institution	R <input type="text"/>	Donor / NGO	R <input type="text"/>
Employer	R <input type="text"/>	Retailer / local store	R <input type="text"/>
Friends / family	R <input type="text"/>	Stokvel / burial society	R <input type="text"/>
Government Agency (Khula, UYF, GEP, etc)	R <input type="text"/>	Mashonisa lender / township money lender	R <input type="text"/>
Micro-lender	R <input type="text"/>	Other	R <input type="text"/>

40. For all current loans, what are the purposes of these loans? [Tick (✓) all appropriate options]

To buy someone else's business	<input type="checkbox"/>	To buy machinery / technology	<input type="checkbox"/>
Financing a tender / contract	<input type="checkbox"/>	To pay debts	<input type="checkbox"/>
Start up capital	<input type="checkbox"/>	Working capital / money for my business (staff salaries / wages, rent, raw material / stock, etc)	<input type="checkbox"/>
To buy property	<input type="checkbox"/>	To upgrade existing business facilities	<input type="checkbox"/>
Funeral	<input type="checkbox"/>	Wedding	<input type="checkbox"/>
Family monthly expenses	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other, please specify <input type="text"/>			

SECTION J

INFORMATION ON THE MAJORITY SHAREHOLDER (TO BE COMPLETED BY THE MAJORITY SHAREHOLDER) If equal shareholding, one of the shareholders should complete the form

41 NAME & SURNAME	42 GENDER	43 RACE
<input type="text"/>	<input type="text"/>	<input type="text"/>

44. What year did you take ownership of this business? (If you started the business, the year should be the same as in Section D Q 12)

45. What was the primary reason you started / joined this business? (See Annexure B)

46. HIGHEST EDUCATION LEVEL (See Annexure C) 47. FIELD OF SPECIALISATION (if at least with Bachelor's degree)

48. RESIDENTIAL PHYSICAL ADDRESS

Number and Street	<input type="text"/>
Suburb	<input type="text"/>
City / Town	<input type="text"/>
Province	<input type="text"/>
Postal Code	<input type="text"/>

49. CONTACT DETAILS (with area codes)

E-mail	<input type="text"/>
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Fax		e.g. +27(0)12 394 1234
Mobile #1		e.g. +27(0)83 394 1234
Mobile #2		e.g. +27(0)83 394 1234
Landline		e.g. +27(0)12 394 1234
Website		

50. If you have children, how many are: 18 years and older?	<input type="text"/>	51. Under 18 years old?	<input type="text"/>
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52. What is the total overall household expenditure in a typical month?	<input type="text"/>	<i>R</i>
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53. In a typical month, after paying all expenses, how much do you usually save?	<input type="text"/>	<i>R</i>
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54. How many businesses including this one have you personally started or taken over?	<input type="text"/>
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55. How many of these businesses are still in operation?	<input type="text"/>
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56 What is the total overall household expenditure in a typical month on the following items?

Vehicle loans	<i>R</i>	Cell phone, Internet, landline	<i>R</i>
Pension fund/provision fund/retirement annuity	<i>R</i>	Bond on your house	<i>R</i>
Clothing	<i>R</i>	House rent	<i>R</i>
Education fees (for children, yourself)	<i>R</i>	Food	<i>R</i>
Medical Aid / medical services	<i>R</i>	Investments	<i>R</i>
Celebrations / social events	<i>R</i>	Music, TV, technology	<i>R</i>
Lights and Water	<i>R</i>	Other	<i>R</i>
If Other, please specify	<input type="text"/>		

SECTION K	SECONDARY CONTACT PERSON IN THE BUSINESS
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57.1. FIRST NAME	<input type="text"/>	57.2. SURNAME	<input type="text"/>
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58. POSITION in the company	<input type="text"/>
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59. CONTACT DETAILS	<input type="text"/>
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E-mail	<input type="text"/>	
Mobile #1	<input type="text"/>	e.g. +27(0)83 394 1234
Mobile #2	<input type="text"/>	e.g. +27(0)83 394 1234

TO BE SIGNED BY THE BUSINESS OWNER

I, the undersigned, hereby confirm that all the information supplied above is true and correct

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name (Business Owner)

Signature

Date (CCYY/MM/DD)

TO BE SIGNED BY THE NETWORK FACILITATOR
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I, the undersigned Network Facilitator, hereby confirm that all relevant supporting documentation has been verified with my client and that all information supplied above is true and correct. I hereby undertake to keep confidential all proprietary information received by me in the discharge of this mandate

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Network facilitator Name (Company)

Authorised Signatory (NF Manager)

Date (CCYY/MM/DD)

TO BE SIGNED BY the dti OFFICIAL (BBSDP)

I, the undersigned BBSDP representative, hereby confirm that all relevant supporting documentation has been checked

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name (the dti Official)

Signature

Date (CCYY/MM/DD)

ANNEXURE A

<p>Agriculture and Fishing:</p> <ol style="list-style-type: none"> 1. Ploughing, Planting / Weeding / Harvesting 2. Activities related to the storage of crops 3. Herding 4. Poultry farming 5. Activities related to poultry products 6. Fishing 7. Piggery 8. Hunting/forestry 9. Dairy: Milk, making butter, etc 10. Shearing / Slaughtering 11. Horticulture – Vegetables 12. Horticulture – Fruits 13. Horticulture – Fruits and vegetables 14. Horticulture – Flowers 15. Horticulture - Mushrooms 16. Other activities related to agriculture, horticulture, or animal husbandry. <p>Manufacturing/processing:</p> <ol style="list-style-type: none"> 17. Making charcoal 18. Milling (incl. Hand milling) 19. Food processing – edibles and potables 20. Soap, cosmetics, beauty products 21. Canning 22. Beer brewing 23. Wine-making 24. Jewellery-making 25. Making baskets / hats / clay pots / other handicraft 26. Spinning / Weaving 27. Dressmaking / embroidery / tailoring 28. Stationery 29. Other manufacturing (not for home use) 30. Other manufacturing (for home use) 31. Recycling 	<p>Trading / Sales:</p> <ol style="list-style-type: none"> 32. Retail trading 33. Wholesale trading 34. Engaged in tea shops / street vending etc 35. Restaurant 36. Bar 37. Catering 38. Chair-table-tent hiring 39. Assisting in sales of agriculture products and other retail trades 40. Wine, beer, liquor sales <p>Other Services:</p> <ol style="list-style-type: none"> 41. Hotel / Guest House 42. Real estate 43. IT services 44. Hair salon, barber or beauty shop services 45. Repair and maintenance services: tool, shoes, etc. (not for own household) 46. Collection of firewood, fetching water 47. Domestic / custodial work in homes 48. Elderly or child care 49. Custodial work in a firm or office 50. Clerical or secretarial work in a firm or office 51. Sanitation, sewage 52. Laundry or ironing 53. Finance 54. Venue decoration 55. Cell phone minutes, SIM card retailer 	<p>Mining and quarrying:</p> <ol style="list-style-type: none"> 56. Mining of coal and lignite 57. Mining of platinum 58. Mining of gold and silver 59. Mining of uranium 60. Extraction of crude petroleum and natural gas 61. Other mining and quarrying <p>Construction:</p> <ol style="list-style-type: none"> 62. Farm buildings or fences 63. Houses 64. Roads 65. Other construction activities <p>Transport and storage:</p> <ol style="list-style-type: none"> 66. Carrying loads to market for sale 67. Carrying grain 68. Car hire and tours 69. Other transport activities 70. Storage <p>Other</p> <ol style="list-style-type: none"> 71. Other activity not listed above (Specify)
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ANNEXURE B

1=Family needed additional money	9=Wanted to benefit from my hobby
2=Lost previous job	10=Low investment requirement
3=Previous business not successful	11=Previous experience as a worker in this industry
4=Received subsidy to set up business	12=Allows me to balance family and work life
5=Could not find a job	13=Wanted to be my own boss/have own business
6=Saw a market opportunity	14=Post-retirement source of income
7=I took a related training course	15=Traditional line of business of clan
8=Wanted to continue family business	16=Other reason not listed above (specify)

ANNEXURE C

1=No schooling	6=Post Matric qualification (diploma)
2=Some primary school	7= Bachelor's degree
3=Primary school completed	8=Honours
4=Some high school	9=Masters
5=Matric	10=Doctorate