



the dti

Department:
Trade and Industry
REPUBLIC OF SOUTH AFRICA

Application Form: Black Business Supplier Development Programme (BBSDP)

DISCLAIMER AND IMPORTANT NOTICE:

- o Please read the BBSDP Guidelines and schedule carefully before completing this form.
- o **the dti** reserves the right to reject your registration application in the event of misleading or incorrect information provided in this form.
- o 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	Courier Address	Web Address
Private Bag X84 Pretoria 0001	1 Esselen Street (Ground Floor) Shared Service Centre Sunnyside, Pretoria 0002	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
Is your company predominantly black-owned (50+1%)?		
Is your company employing a predominantly black management team (50%)?		
Does your company generate a turnover of between R500, 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	

Prerred Service Provider and Motivation:

1.
2.

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	
Up to 3 year Financial Statements (preferably verified)	
Latest Management Accounts (if available)	
Copies of ID Documents for owners ,Key Managers and List Employees	
Broad Based BEE Compliance Certificate (Optional)	
Recent One months bank statement	
Picking Sound Companies Report and/ Company Diagnostic	
Financing Proposal (for capital funding)	
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	<input type="checkbox"/> Trust (Community)	<input type="checkbox"/> Section 21 Company		
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						
Mobile						
Landline						
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			
9. BROAD BASED BEE (Annexure D)						

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) Yes No	RACE	GENDER	DISABLED

SECTION D	BUSINESS OPERATIONS
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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.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">A.</td></tr> <tr><td style="padding: 2px;">B.</td></tr> <tr><td style="padding: 2px;">C.</td></tr> </table>	A.	B.	C.															
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)																			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">General Public</td> <td style="width:5%; text-align: center;"><input type="checkbox"/></td> <td style="width:20%;">Private businesses</td> <td style="width:5%; text-align: center;"><input type="checkbox"/></td> <td style="width:20%;">Government</td> <td style="width:5%; text-align: center;"><input type="checkbox"/></td> <td style="width:20%;">Other</td> <td style="width:5%; text-align: center;"><input type="checkbox"/></td> <td style="width:5%; text-align: right;">%</td> </tr> <tr> <td colspan="9">If other, please specify:</td> </tr> </table>	General Public	<input type="checkbox"/>	Private businesses	<input type="checkbox"/>	Government	<input type="checkbox"/>	Other	<input type="checkbox"/>	%	If other, please specify:									
General Public	<input type="checkbox"/>	Private businesses	<input type="checkbox"/>	Government	<input type="checkbox"/>	Other	<input type="checkbox"/>	%											
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
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21. How many employees does this business currently have? <i>Please exclude the owners of the business from this count? (full-time plus part time plus temporary plus unpaid, including family members).</i>										
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)		
<i>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.</i>										
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
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	Current (ccyy/yy)	Year 1 (ccyy/yy)	Year 2ccyy/yy)			
24. What was the business' ANNUAL TURNOVER in the past 3 years?						
25. What was the business' ANNUAL NET PROFIT in the past 3 years?						
26. Does the business export goods or services to other countries?[Tick (√) where appropriate]	Yes		No			
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					
28. If exporting, list your main export destination countries.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">A.</td></tr> <tr><td style="padding: 2px;">B.</td></tr> <tr><td style="padding: 2px;">C.</td></tr> </table>			A.	B.	C.
A.						
B.						
C.						

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

SECTION H	NETWORK FACILITATORS SUMMARY
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32.. Motivation for Interventions Selected	

33. SWOT ANALYSIS

<u>Strengths</u>	<u>Weaknesses</u>
	•
•	•
•	•
•	•
•	•
<u>Opportunities</u>	<u>Threats</u>
•	•
•	•
•	•
•	•

34 Development plan - proposed

<u>Item</u>	<u>Who</u> <u>(Service Provider)</u>	<u>Duration</u> <u>(Include Start and End Date)</u>
1.		-
2.		
3.		

Information for Section I, J, K and L 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 I	COST AND ASSETS STRUCTURE OF THE BUSINESS
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35. What was the approximate amount in Rand of these costs in the business in the past financial year (2009/10)?

Salaries, wages, other costs associated with employees Raw Materials (excludes fuels) Products resold Rent for land and/or buildings Rent for machinery and equipment Transportation of employees and products (petrol, freight, etc.)	R R R R R R	Water consumption Communications (phone, Internet) Marketing and Promotion Security costs Interest charges and financial expenses (excludes loans capital payments) Taxes and other fees	R R R R R R
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Electricity	R	Informal costs	R
Other energy costs	R	Other costs	R

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

	36. Does the business own the following? [Tick(✓) where appropriate]		37. How many does this business own?	38. Year of acquisition or date of start of service (CCYY / MM)	39. What is the current value (original cost less depreciated value) of these assets?
	YES	NO			
Factory/plant					
Land					
Buildings					
Heavy machinery					
Electricity					
Cell phone					
Landline					
Cash register					
Company car					
Storage area					
Running water					
Computer					
Printer					
Internet/email					

SECTION J

FINANCING AND BANKING

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

41. 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"/>			

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

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

43. 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 K

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

44 NAME & SURNAME	GENDER	45 RACE

46. 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)

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

48. HIGHEST EDUCATION LEVEL (See Annexure C)		49. FIELD OF SPECIALISATION (if at least with Bachelor's degree)	
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50. RESIDENTIAL PHYSICAL ADDRESS

Number and Street	
Suburb	
City / Town	
Province	
Postal Code	

51. CONTACT DETAILS (with area codes)

E-mail		
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		

52. If you have children, how many are: 18 years and older? 53. Under 18 years old?

54. What is the total overall household expenditure in a typical month? R

55. In a typical month, after paying all expenses, how much do you usually save? R

56. How many businesses including this one have you personally started or taken over?

57. How many of these businesses are still in operation?

58. What is the total overall household expenditure in a typical month on the following items?

Vehicle loans	R	Cell phone, Internet, landline	R
Pension fund/provision fund/retirement annuity	R	Bond on your house	R
Clothing	R	House rent	R
Education fees (for children, yourself)	R	Food	R

Medical Aid / medical services	R	Investments	R
Celebrations / social events	R	Music, TV, technology	R
Lights and Water	R	Other	R

If Other, please specify

SECTION L**SECONDARY CONTACT PERSON IN THE BUSINESS**

59.1. FIRST NAME

59.2. SURNAME

60. POSITION in the company

62. CONTACT DETAILS

E-mail

Mobile #1

e.g. +27(0)83 394 1234

Mobile #2

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

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Name (Business Owner)

Signature

Date (CCYY/MM/DD)

TO BE SIGNED BY THE NETWORK FACILITATOR

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

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Name (Network facilitator)

Signature

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

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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