**APPLICATION FORM**

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| **Section A** | | **Profile of the Applicant** | | | | | | | | | | | |
| Name of Entity | |  | | | | | | | | | | | |
| Entity Type | |  | | | | | | | | | | | |
| Entity Size | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
| Incorporation No. | |  | | | | Incorporation Date | | | | | |  | |
| Turnover of Entity: | |  | | | | Entity operation starts date: | | | | | |  | |
| Financial Year End: | |  | | | | | | | | | | | |
| Physical Address | | | | | | | Postal Address | | | | | | |
| Address: | |  | | | | | Address: | | |  | | | |
| Suburb: | |  | | | | | Suburb: | | |  | | | |
| Province: | |  | | | | | Province: | | |  | | | |
| City/Town: | |  | | | | | City/Town: | | |  | | | |
| Postal Code | |  | | | | | Postal Code | | |  | | | |
| Contact Person | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | |
| Position | |  | | | | | | | | | | | |
| Tel No: | |  | | | | | | | | | | | |
| Cell No: | |  | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | |
| Fax No: | |  | | | | | | | | | | | |
| Business Contact Details | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | |
| Tel: | |  | | | | | | | | | | | |
| Fax: | |  | | | | | | | | | | | |
| Provide details of BEE in terms of the B-BBEE Code of Good Practice | |  | | | | | | | | | | | |
| **Section B** | | | **Shareholders Information (**for involvement in other businesses**)** | | | | | | | | | | |
| Shareholders  /company/  group/structure  /members(trust) | Incorpo.No/ID No./Shareholders  /Members | | Government  Institution (Y/N) | Gender  (M/F/NA) | Race | | | RSA % | Foreign % | | Country | | Other Business |
|  |  | |  |  |  | | |  |  | |  | |  |
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|  |  | |  |  |  | | |  |  | |  | |  |
|  |  | |  |  |  | | |  |  | |  | |  |
| Principal Activities of the Business | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Project Title | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Brief Project Description (two - four lines) | | | | | | | | | | | | | |
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| **Section C** | | **Profile Of the Collaborating Industry Partner** | | | | | | | | | | | |
| Name of Entity | |  | | | | | | | | | | | |
| Entity Type | |  | | | | | | | | | | | |
| Entity Size | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
| Incorporation No. | |  | | | | Incorporation Date | | | | | |  | |
| Turnover of Entity: | |  | | | | Entity operation starts date: | | | | | |  | |
| Financial Year End: | |  | | | | | | | | | | | |
| Physical Address | | | | | | | Postal Address | | | | | | |
| Address: | |  | | | | | Address: | | |  | | | |
| Suburb: | |  | | | | | Suburb: | | |  | | | |
| Province: | |  | | | | | Province: | | |  | | | |
| City/Town: | |  | | | | | City/Town: | | |  | | | |
| Postal Code | |  | | | | | Postal Code | | |  | | | |
| Contact Person | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | |
| Position | |  | | | | | | | | | | | |
| Tel No: | |  | | | | | | | | | | | |
| Cell No: | |  | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | |
| Fax No: | |  | | | | | | | | | | | |
| Business Contact Details | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | |
| Tel: | |  | | | | | | | | | | | |
| Fax: | |  | | | | | | | | | | | |
| Provide details of BEE in terms of the B-BBEE Code of Good Practice | |  | | | | | | | | | | | |
| **Section D** | | | **Shareholders Information (**for involvement in other businesses**)** | | | | | | | | | | |
| Shareholders  /company/  group/structure  /members(trust) | Incorpo.No/ID No./Shareholders  /Members | | Government  Institution (Y/N) | Gender  (M/F/NA) | Race | | | RSA % | Foreign % | | Country | | Other Business |
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| Principal Activities of the Business | | | | | | | | | | | | | |
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| Brief statement on why the entity is collaborating on this project | | | | | | | | | | | | | |
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| **Section E** | **Partnering Research Institutions (**South African research institution as per section 4.2 of the THRIP Guidelines**)** | | |
| **E1. Contact Details of the Main Research Institution (*South African research institution as per section 4.2 of the THRIP Guidelines)*** | | | |
| Name of Institution: |  | | |
| Establishment Date: |  | | |
| Province: |  | | |
| City: |  | | |
| Financial Year End: |  | | |
| Contact Person | | | |
| Name: |  | | |
| Position |  | | |
| Tel No: |  | | |
| Cell No: |  | | |
| Email: |  | | |
| Fax No: |  | | |
| Physical Address | | Postal Address | |
| Address: |  | Address: |  |
| Suburb: |  | Suburb: |  |
| Province: |  | Province: |  |
| City/Town: |  | City/Town: |  |
| Postal Code |  | Postal Code |  |
| Briefly state why the institution was chosen to be the main research partner in the project | | | |
|  | | | |
| **E2. Contact Details of the collaborating Research Institution (*South African research institution as per section 4.2 of the THRIP Guidelines)*** | | | |
| Name of Institution: |  | | |
| Establishment Date: |  | | |
| Province: |  | | |
| City: |  | | |
| Financial Year End: |  | | |
| Contact Person | | | |
| Name: |  | | |
| Position |  | | |
| Tel No: |  | | |
| Cell No: |  | | |
| Email: |  | | |
| Fax No: |  | | |
| Physical Address | | Postal Address | |
| Address: |  | Address: |  |
| Suburb: |  | Suburb: |  |
| Province: |  | Province: |  |
| City/Town: |  | City/Town: |  |
| Postal Code |  | Postal Code |  |
| Briefly provide reasons why the institution was chosen to be part of the project. State the value of its collaboration and benefits to both the applicant and/or the institution itself. | | | |
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| **E3. Contact Details of the Historically Disadvantaged Institution (*South African research institution as per section 4.2 of the THRIP Guidelines)*** | | | |
| Name of Institution: |  | | |
| Establishment Date: |  | | |
| Province: |  | | |
| City: |  | | |
| Financial Year End: |  | | |
| Contact Person | | | |
| Name: |  | | |
| Position |  | | |
| Tel No: |  | | |
| Cell No: |  | | |
| Email: |  | | |
| Fax No: |  | | |
| Physical Address | | Postal Address | |
| Address: |  | Address: |  |
| Suburb: |  | Suburb: |  |
| Province: |  | Province: |  |
| City/Town: |  | City/Town: |  |
| Postal Code |  | Postal Code |  |
| Briefly provide reasons why the HDI was chosen to be part of the project | | | |
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| Briefly state how the HDI will benefit from the collaboration on the project | | | |
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The table below presents the criteria for categorization of SMMEs (sourced from the Government Gazette, Act No. 26, 2003). Kindly indicate by (X) on the Table below where your SMME fits.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sector** | **Parameters & Max. Values for SMMEs** | | | | |
| **Size of Class** | **Number of**  **Full-time Employees** | **Annual Turnover**  **(Rm)** | **Asset Value, Excl. Fixed Property (Rm)** | **Indicate entity size by (X)** |
| Agriculture | Medium | 100 | 5 | 5 |  |
| Small | 50 | 3 | 3 |  |
| Very Small | 10 | 0.5 | 0.5 |  |
| Micro | 5 | 0.2 | 0.1 |  |
| Mining & Quarrying | Medium | 200 | 39 | 23 |  |
| Small | 50 | 10 | 6 |  |
| Very Small | 20 | 4 | 2 |  |
| Micro | 5 | 0.2 | 0.1 |  |
| Manufacturing | Medium | 200 | 51 | 19 |  |
| Small | 50 | 13 | 5 |  |
| Very Small | 20 | 5 | 2 |  |
| Micro | 5 | 0.2 | 0.1 |  |
| Electricity, Gas & Water | Medium | 200 | 51 | 19 |  |
| Small | 50 | 13 | 5 |  |
| Very Small | 20 | 5.1 | 1.9 |  |
| Micro | 5 | 0.2 | 0.1 |  |
| Construction | Medium | 200 | 26 | 5 |  |
| Small | 50 | 6 | 1 |  |
| Very Small | 20 | 3 | 0.5 |  |
| Micro | 5 | 0.2 | 0.1 |  |
| Retail and Motor Trade & Repair Services | Medium | 200 | 39 | 6 |  |
| Small | 50 | 4 | 3 |  |
| Very Small | 20 | 0.2 | 0.1 |  |
| Micro | 5 | 64 | 10 |  |
| Wholesale Trade, Commercial Agents & Allied Services | Medium | 200 | 64 | 10 |  |
| Small | 50 | 32 | 5 |  |
| Very Small | 20 | 6 | 0.6 |  |
| Micro | 5 | 0.2 | 0.1 |  |
| Catering, Accommodation & other Trade | Medium | 200 | 13 | 3 |  |
| Small | 50 | 6 | 1 |  |
| Very Small | 20 | 5.1 | 1.9 |  |
| Micro | 5 | 0.2 | 0.1 |  |
| Transport, Storage & Communication | Medium | 200 | 26 | 6 |  |
| Small | 50 | 13 | 3 |  |
| Very Small | 20 | 3 | 0.6 |  |
| Micro | 5 | 0.2 | 0.1 |  |
| Finance & Business Services | Medium | 200 | 26 | 5 |  |
| Small | 50 | 13 | 3 |  |
| Very Small | 20 | 3 | 0.5 |  |
| Micro | 5 | 0.2 | 0.1 |  |
| Community, Social & Personal Services | Medium | 200 | 13 | 6 |  |
| Small | 50 | 6 | 3 |  |
| Very Small | 20 | 1 | 0.6 |  |
| Micro | 5 | 0.2 | 0.1 |  |

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| **RESOLUTION OF BOARD OF DIRECTORS** | |
| The board of directors hereby authorizes in her/his capacity as signature to sign all document pertaining to application to the dti or any documentation pertaining there into | |
| Signed on this Day of |  |
| Name Of Directors | Signature of Directors |
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| **Section F** | | **DOMICILIUM AND RESOLUTION** |
| NOTE: The information contained in this application form will be used as the basis of approval or declining the application and monitoring of impact for the project. It will be integral to the contract between the dti and the applicant. If, upon review, the facts differ significantly from the information provided in the application form, to the extent that mandatory requirements or points criteria are no longer met, the funding approved with respect to this application shall be withdrawn, and in addition to the funds already disbursed, the applicant shall be required to pay to the dti a fair value of interest calculated in respect of the total funds already disbursed at the time of such withdrawal. Consequently it is in the interest of the applicant to provide full and accurate information in this application form. | | |
| Declaration | I Hereby declare that the information in this application is fair and true reflection of the intended project and that’s all relevant information has been disclosed. I am aware of the fact that information which I have submitted above will have a material bearing on the adjudication of the application and if it subsequently transpires that any information in the application and addenda is not correct, incomplete or that certain information was omitted, the management (prior to adjudication) or adjudication committee shall render the application invalid and be entitled to disqualification, withdraw or amend its approval (post adjudication), without prejudice to its rights. | |
| This application (with any addenda), if successful, will form part of your contract with the Department of Trade and Industry. | |
| Signed |  | |
| Name |  | |
| Capacity |  | |
| Date |  | |

|  |  |
| --- | --- |
| **PLEASE ATTACH THE FOLLOWING DOCUMENTS** | |
| The following documents must be attached | Mark with a X OR N/A |
| Project Proposal |  |
| Project Budget Breakdown |  |
| The Company Incorporation Certificate(s) |  |
| Tax Clearance Certificate(s) |  |
| BBBEE Certificate(s) ( Issued by Verification Agency Accredited with SANAS) |  |
| Partnership/Collaboration Agreement |  |
| Other |  |