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| **TECHNOLOGY TRANSFER BUSINESS CASE FORM** |
|  |
| Name of the Business |  |
| Owner/s of the Business |  |
| Registration Number |  |
| Contact Number |  |
| Email Address |  |
| Nature of the Business |  |
|  |
| **A.            REVENUE AND COMPLIANCE INFORMATION** |
| **1 STATUTORY COMPLIANCE**  |
| **Annual turnover must not be above R10m** |
| **Current annual turnover** | **R** |
| **Gross Profit** | **R** |
| **Profit after tax** | **R** |
|  |
| **Tax Compliance** | **Yes** | **No** |
| Client to attach valid Tax Clearance Pin  |  |  |
| Client to attach valid BBEEE certificate or Affidavit.  |  |  |
| Client to attach CIPC documents |  |  |
| **2 BEE COMPONENT**  |
| **a) Ownership: Client to attach documentary proof - CIPC document.** |
| % ownership:  |
| **3 PREVIOUSLY DISADVANTAGED (WOMEN/YOUTH)**  |
| **a) Ownership: Client to attach documentary proof - CIPC.** |
| % ownership:  |
| **b) Youth Ownership: Client to attach documentation - CIPC.** |
| % ownership:  |
|   |
| **B.            CUSTOMER, EMPOYEE AND PHYSICAL INFORMATION** |
| **1 Customer Base** |
| **1.1 Number of Customers:**  |
| Client to provide list of Customers serviced in the last 3 years. |
|   |
|   |
|   |
|   |
| **1.2 List of Major Customers and Projects done over the past 12 months:**  |
| Client to list at least five major customers and volume of products or value of the services offered to each customer in the last 12 months |
| **Name of the customer** | **Volumes or Value in Rand** |
|  |  |
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|  |  |
| **2 Physical Structure** |
| **2.1 Premises / facilities:**  |
| Province:  |
|  |
| District Municipality indicated if rural, township or urban |
|  |
| Physical address: |
|  |
| Lease document | Yes |  | No |  |
| Are the following services suitable and adequate: |
|  | Present | Future |
| Electricity | Yes |  | No |  | Yes |  | No |  |
| Water | Yes |  | No |  | Yes |  | No |  |
| Access road | Yes |  | No |  | Yes |  | No |  |
| Security | Yes |  | No |  | Yes |  | No |  |
| Access Control | Yes |  | No |  | Yes |  | No |  |
| ICT | Yes |  | No |  | Yes |  | No |  |
| Insurance | Yes |  | No |  | Yes |  | No |  |
| **2.2 Equipment / Physical Assets:**  |
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|   |
|   |
|  |
|  |
| Is the present manufacturing and storage facilities suitable and will they be suitable with the introduction of new technology? |
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| **2.3 Organization’s staff and their roles** |
| **Name of the employee** | **Position/Roles** |
|  |  |
|   |  |
|   |  |
|   |  |
|   |  |
| **2.4 Period of operation of the organization:**  |
| Number of years in operation |  |
| **3.4 Is your company currently accredited with an applicable industry/professional body?**  |
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|   |
| **C.          MARKETING ANALYSIS** |
| Industry overview |
|  |
| Target market |
|  |
| Competition |
|  |
| Pricing(provide 3 year financial forecast or projections)  |
|  |
| Comments: |
| **D.            SWOT ANALYSIS AND MARKET DEMAND** |
| **1 Swot analysis**  |
| Strengths |  |  |  |  |
| Weakness |  |  |  |  |
| Opportunities  |  |  |  |  |
| Threats  |  |  |  |  |
| Comments: |
| **2 Market demands** |
| Which of your product/s is in high demand |
|  |
| Total volume of unit sales per month |
|  |
| Geographical areas of market demand (township/province) |
|  |
| What is the percentage of repeat customers in a month/quarter |
|   |
| Comments: |
| **E.          TECHNOLOGY**  |
| **1. Technology requirements**  |
| List all current equipment used in the production of goods and services |
| **Equipment** | **Function** | **No. of years in operation** |
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|  |  |  |
| Comments: |
| List the volume of products produced in a month or (season) |
| **Product** | **Volumes per month/season** |
|  |  |
|  |  |
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|  |  |
| **2. Cost of production** |
| Cost of producing one product |  |
| What is the mark-up % added to cost price |  |
| **3. Constraints**  |
| List current production constraints |
|   |
| Comments: |
| **4. Technology solution** |
| Provide the technology specifications for the required equipment, e.g. Filling machine |
|  |
| Production capacity (20 litre – 14 sec) |
|  |
| Cost of the technology (three different quotes) |
|  |
| Skills that will be required to operate the equipment |
|  |
| Number of direct jobs that will be created and their roles |
|  |
| Number of downstream jobs that will be created and their roles |
|  |
| **The new technology transfer intervention will have the following competitive advantages:** |
|  |
| **Profitability (price and cost)** | Yes |  | No |  |
| If YES, please provide the information of the new price and cost per product or service. |
|  |
| **Lead time – efficient delivery** | Yes |  | No |  |
| If YES, please provide information. |
|  |
| **Product / Service Quality** | Yes |  | No |  |
| If YES, please provide details of how quality will be achieved. |
|  |
| **Market access** | Yes |  | No |  |
| If Yes, please provide information on the potential market access. |
|  |
| **Compiled by:** |  |
| **Capacity in the company:** |  |
|  |
| **For office use only** |
|  |
| Recommended |  |
| Not recommended |  |
| **Comments:** |
|  |
|  |
|  |
|  |
| **Additional comments:** |
|  |
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