



ASSET ASSIST PROGRAMME (ASP)

Grant Funding Application Form

Applicants are advised to exercise due diligence and verify all information captured on this application form. Maintaining the integrity of your application process is of utmost importance to Seda. Any attempt to provide inaccurate or deceptive information undermines the fairness and credibility of Seda and this will lead to disqualification of the application.

Section A: Company Details

Company Name																		
Registration Number				/						/								
Income Tax No.																		
Details of the contact																		
person:																		
Name and designation:																		
Telephone:																		
E-mail (if any):																		
Cell Phone:																		
Website:																		
Physical Address of	Postal .	Postal Address of Micro Enterprise																
Micro Enterprise																		
(Location of operation/																		
Place from which the																		
Micro conducts																		
business)																		

Province													
Municipality													
Code													
No. of Male employees													
Operating D start date							[)					
Sector and subsector													
Financial Year End				Fe	mal	e		Yo	uth		Disabled	HDI	
Annual sales turnover	R	Í											
Bank Statement (Attached the latest statement)	YES	5 / N	10	I	1	1	1	<u> </u>					
Projected Turnover for the next 3 years	Year 1:	:											
Annual sales turnover	Year 2:												
Bank Balance of Micro Enterprise (Attached the latest statement)	Year 3:												
Businesses' Products/Services													
Has the applicant received any financial										Ye	es/No		
support from the government in the past 2 years? If so, specify the department or Agency and amount					1	L							
Businesses'													
Products/Services													
Target Market/Customers												 	

Section B: List of Directors

	Name	ID no.	Shareholding	Gender	Race	Youth	PWD
			%	M/F	B/C/W/I/O	Y/N	Y/N
Director 1							
Director 2							
Director 3							
Director 4							
Director 5							

Business Information:

Physical Address											
Street											
Local Municipality						 					
District Municipality						 					
Province											
Google business											
Coordinates (if											
available)											

Section C: Funded Intervention Request

Clients are required to submit quotes from suppliers registered on the Central Supplier Database of National Treasury (Please note that the suppliers must be tax compliant). Please enter the **description** and **quantity** of each item required in the designated column. Add the total value (quantity x unit price) for all items at the end. I.e. Stock, machinery, equipment or infrastructure.

ltem no.	Description	Preferred Supplier	Quantity	Unit price	Total value (Incl VAT)
1.				R	R
2.				R	R
3.				R	R
4.				R	R
5.				R	R
6.				R	R
7.				R	R
8.				R	R
9.				R	R
10.				R	R
Total				R	R

Provide three (3) comparable quotations.

Note:

• Ensure that the lowest quotation meet your requirements. The suppliers must be registered with CSD and tax compliant.

Section D: Mandatory Questions

1. **Brief Description of the Business** 2. Motivate why you are applying for this programme 3. How will these interventions (i.e. Stock, machinery, equipment) you are applying for assist in sustaining the business operations? 4. List clients or potential clients? Please include a minimum three (3) reference letters or letters of intent 5. How many permanent jobs will you create after you have been assisted by this programme? General / additional information 6. Page 5 of 9

Section E: Declaration

DECLARATION

I/We 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. If any information in the application, with the addendum, is not correct, or certain information was omitted, the Adjudication Committee shall be entitled to withdraw or amend its approval and, without prejudice to its rights, to recover any amounts already paid or to withhold further payments due.

I/We hereby declare that this application is on a first come basis, and Seda reserves the right to close applications due to budget constraints.

I/We have declared that I/We are authorised to make this application and I/We have read and accept the terms and conditions listed in the guidelines.

I/We authorise 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	
Name of Authorised official	
Designation (Job title/role)	
Signature	
Date	

Section F: Supporting Documents

The following documentation much be attached to this application form.

Please submit all the below supporting documentation together with your application form to the applicable email address. Only emailed applications will be considered.

Gauteng	assetassistgp@seda.org.za
Eastern Cape	assetassistEC@seda.org.za
North West	assetassistNW@seda.org.za
Western Cape	assetassistWC@seda.org.za
Mpumalanga	assetassistmpu@seda.org.za
Kwa-Zulu Natal	assetassistKZN@seda.org.za
Limpopo	assetassistLIM@seda.org.za
Northern Cape	assetassistNC@seda.org.za
Free State	assetassistFS@seda.org.za

Documents Required

- 1. Micro Enterprise's Business Case / Funding Proposal;
- 2. Proof of registration with SARS (i.e. Tax clearance certificate if applicable);
- 3. FICA documents for the Micro Enterprise and members/directors (e.g., Municipal accounts, letter from traditional authority);
- 4. CIPC Registration Documents (e.g., CR-10 and Constitution);
- 5. Lease Agreement or Permission to Occupy (P.T.O) or Title Deed;
- 6. Three comparable quotations from your suppliers. The suppliers must be registered with CSD;
- 7. CVs and certified ID Copies of Directors/founding members.
- 8. Copy of the latest Bank Statement;
- 9. One (1) year financial statements or Management Account (for existing Micro Enterprises) / Projected Financial Statement (for new Micro Enterprises);
- 10. Three (3) months Bank Statements (for existing Micro Enterprises) or Proof of bank account for new Micro Enterprises;
- 11. Three (3) years cash flow projections and;
- 12. Undergone business skills training (proof of attendance/certificate. In the absence of proof of training, the applicant on approval will be expected to attend a business skills training programme

For enquiries, please call Seda at 012 441 1000 for attention of Ms Dineo Pule or alternatively email

assetassist@seda.org.za

For Office Use																
Site Verification Date	D	D	/	Μ	Μ	/	Y	Υ	Υ	Υ						
													1	1		
Application Ref. No.																
Date application received																

This application reference number is cross-referenced with the CDS Number assigned

ASSET ASSIST PROGRAMME

This programme is aimed at supporting SMMEs and Cooperatives with equipment that will enable them to start their businesses or to increase their production capacity. The programme will also offer working capital (raw material) of up to 15% of the total equipment costs/ amount applied for. The programme does not make provision for raw material without equipment.

The programme will augment current interventions that are offered by Seda branches. The proposed facility will be administered under the following framework:

- All sectors are eligible for support under the Asset Assist Programme, except those mentioned in section 7 of the guideline documents.
- Procurement will be restricted to machinery, equipment and acquisition of raw material up to 15% of equipment value/ total amount applied for. The program does not make provision for raw material without equipment.
- Physical verification by Seda branches to confirm the existence of the business; and
- The facility will be capped at R 250 000 per SMME.

ELIGIBLE APPLICANTS

- South African Owned (owners must provide valid SA ID document).
- SMMEs which constitute of Private Companies and in possession of valid CIPC documentation. Sole Proprietors will also qualify for assistance.
- Provide Proof of Bank Account (three months bank statements for existing businesses).
- Employing no less than 70% South African citizens.
- Tax compliant with a valid tax clearance certificate, and
- Valid South African business operating Address

NON-ELIGIBLE APPLICATIONS

The following are excluded:

- Cooperatives because there's a separate programme for them.
- Costs incurred and/or assets acquired prior to approval of a complete proposal submitted to Seda.
- Businesses with a turnover of more than R3 million turnover per annum.
- Bonus payments.
- Costs associated with tendering and tendering documentation.
- Any illicit business activities.
- Liquor and cigarettes (purchasing of stock).
- Gambling related activities.
- Non-business-related infrastructure/or activities.
- Vehicles for personal use.
- Projects/activities that are initiated by an applicant before or during submission of a request for Asset Assist funding. Thus, Seda will not reimburse sunk costs.
- Any other cost that the Adjudication Committee, in its sole discretion, deems as non-qualifying.
- State employees.
- The Public Service Act prohibits State officials from engaging in remunerative work without prior approval from the Accounting Officers of State organs (the employer).
- Post approval, the small business will enter into a legal agreement with Seda, agreeing to the terms and conditions for approval. The agreement should be signed no later than thirty (30) calendar days by all parties upon receipt of the approval letter.
- Failure to conclude the legal agreement within thirty (30) calendar days of receiving the approval letter will lead to the termination and/or cancellation of the approval.

Submit the completed application to the applicable email address listed.