

WOMEN IN BUSINESS FUNDING APPLICATION FORM

(Municipal Notice 102 of 2023)

Office use only

Date Application Form Received		
Application Reference Number	RNM/102/	

Section A: APPLICANTS DETAILS

*Full Names as											
per ID											
*Surname											
*Identity											
Number											
*Gender	Fema	ile			Male						
*Population	Africa	an	White		Indian	Colo	ured	Home la	nguage		
Group											
(tick √the											
appropriate box)											
Disability Status	No	Yes	lf yes,	indicate the							
(tick √the			disabi	lity							
appropriate box)											
*Telephone No:					Fax						
					no						
*Cell phone No.					Email						
*Physical											
Address							Pos	tal Code			
*Postal Address							1				
							Pos	stal Code			
*Province											
*Geographic	Urbai	n					Rural				
Туре											
Formal											
Qualifications											
Training Course attended											

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Section B: BUSIN	IESS DETAILS					
*Name of the						
Business						
*Company Reg.						
Νο						
*CSD no.						
*Tax Number						
*Entity Type	Pty	Co-ops		Sole		
				Proprietor		
*Name of						
Business						
*Business Tel.		Fax no				
No:						
*Cell phone No.		Email				
*Physical		I				
Address				Postal Code		
*Postal Address						
				Postal Code		
*Province						
*Geographic	Urban		Rural			
Туре						
*Business Bank					k	
Name						
*Account						
Number *Branch Name						
*Branch Code						
*Account Type						

*Section C: START-UP assessment purposes) Applicants who have a viable business idea/to start a business (this is critical for

Business Name: _

1. Please indicate the Sector in which your business is operating:

Sectors	Mark with an X
Agriculture	
Construction	
Beauty and Fashion	
Accommodation and Food Services	
Cleaning Services and/or Production of Cleaning Products	
Information Systems, Communication and Technology	
Hygiene and Sanitation	
Artworks	

2. Please give a brief description of the idea in terms of:

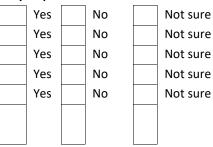
(a) What is your business idea/what is your business doing (b) who are your customers/potential customers; (c) where do/will you operate your business from; and (d) how do/will you deliver your product or service.

3. Please assess yourself against the following business feasibility requirements:

- a. Do you have any business management training
- b. Do you have the technical skills to start the business?
- c. Do you know who your competitors are?

Fo

- d. Do you have the money to cover your start-up costs
- e. Do you have enough money to cover the operating costs?
- f. Do you have the equipment and machinery required to run the business?



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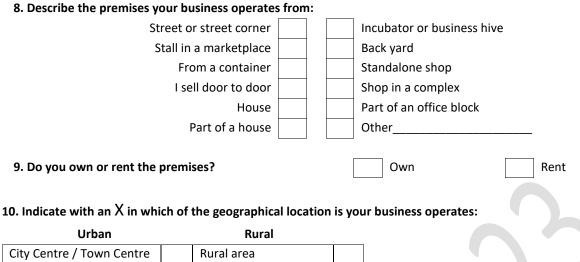
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4. Please indicate the Ownership status in your business:

Name & Surname of Business Partner (incl. Owner)	Position in the Business	Contact Numbers	Disability	Gender	Rural	Race	Ownership %	Signature
1								
2								
3								
4								
5								

		ection is very critical for assessment purposes)
tra	ow long has the business been in oper ading?	months1 - 2 years6 - 7 years3 - 4 years8 - 10 years4 - 5 yearsMore than 10
2. Ho	ow many people (including yourself) a	re employed in the business?
	ease indicate how many are:	Disabled Coloured Male Female Indian White f people employed in the business over the last 12 months?
	n:	Increased Decreased No change
5. Plea		I turnover or that is anticipated – (total amount of income)
5. Plea	Less than R20 000	R300 000 – R499 000
5. Plea	Less than R20 000 R20 000 – R49 999	R300 000 - R499 000 R500 000 - R999 999
5. Plea	Less than R20 000 R20 000 – R49 999 R50 000 – R99 999	R300 000 - R499 000 R500 000 - R999 999 R1 - R2 million
5. Plea	Less than R20 000 R20 000 - R49 999 R50 000 - R99 999 R100 000 - R149 999	R300 000 - R499 000 R500 000 - R999 999 R1 - R2 million R2 - R3 million
5. Plea	Less than R20 000 R20 000 – R49 999 R50 000 – R99 999 R100 000 – R149 999 R150 000 – R199 999	R300 000 - R499 000 R500 000 - R999 999 R1 - R2 million R2 - R3 million R3 - R4 million
	Less than R20 000 R20 000 - R49 999 R50 000 - R99 999 R100 000 - R149 999 R150 000 - R199 999 R200 000 - R299 999	R300 000 - R499 000 R500 000 - R999 999 R1 - R2 million R2 - R3 million R3 - R4 million More than R5 million
	Less than R20 000 R20 000 - R49 999 R50 000 - R99 999 R100 000 - R149 999 R150 000 - R199 999 R200 000 - R299 999	R300 000 - R499 000 R500 000 - R999 999 R1 - R2 million R2 - R3 million R3 - R4 million
	Less than R20 000 R20 000 – R49 999 R50 000 – R99 999 R100 000 – R149 999 R150 000 – R199 999 R200 000 – R299 999 there been a change in the turnover of	R300 000 – R499 000 R500 000 – R999 999 R1 – R2 million R2 – R3 million R3 – R4 million More than R5 million of the business over the last 12 months?
6. Has	Less than R20 000 R20 000 – R49 999 R50 000 – R99 999 R100 000 – R149 999 R150 000 – R199 999 R200 000 – R299 999 there been a change in the turnover o	R300 000 – R499 000 R500 000 – R999 999 R1 – R2 million R2 – R3 million R3 – R4 million More than R5 million of the business over the last 12 months? Increased Decreased No change
6. Has Reason 7. Plea	Less than R20 000 R20 000 – R49 999 R50 000 – R99 999 R100 000 – R149 999 R150 000 – R199 999 R200 000 – R299 999 there been a change in the turnover of n:	R300 000 - R499 000 R500 000 - R999 999 R1 - R2 million R2 - R3 million R3 - R4 million More than R5 million of the business over the last 12 months? Increased Decreased No change
6. Has Reason 7. Plea	Less than R20 000 R20 000 – R49 999 R50 000 – R99 999 R100 000 – R149 999 R150 000 – R199 999 R200 000 – R299 999 there been a change in the turnover o	R300 000 – R499 000 R500 000 – R999 999 R1 – R2 million R2 – R3 million R3 – R4 million More than R5 million of the business over the last 12 months? Increased Decreased No change

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•••••		
City Centre / Town Centre	Rural area	
Suburb	Village	
Township	Rural farm area	
Informal Area/Shack	Small holding	
settlement		
Hostel	Informal Settlement	

11. Please describe your business goals aligned to women empowerment objectives

12. Describe how the funding you are requesting will likely improve your business?

13. Are you able to invest time, financial and other resources in improving your business?	Yes	No
Explain further:		

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*Section D: Use of Funds (this is critical for assessment purposes) (Also attached quotations)

Use of funds												
Amount requested	R											
To be utilized as follows:								R				
1.												
2.												
3.												
4.												
5.												
Total											2	
Business sales forecast												

Business sales forecast

<u>Sales</u>	Product 1	Product 2	Product 3	Product 4
Quantity per day				
Quantity per week				
Quantity per month				
selling price of unit				
Total monthly sales				

Business and personal expenses/income (if any)

INCOME (BUSINESS) Sales					INCOME PERSONAL	R	R						
					Salary (Applicant)							Τ	
Debtors					Salary (Spouse)							T	
Other (Specify)					Other (Specify)								
												-	
												+	
Total					Total							╈	
Expenses (Business)					EXPENSES (PERSONAL)							T	
Rent					Rent/Bond							T	
Equipment					Car Instalment							T	
Purchases:					Water Electricity							T	
Stock/Material													
Water/Electricity					Groceries							T	
Insurance					Clothing							T	
Security					Travel/Transport							T	
Accounting fees					Entertainment							T	
Petrol/Transport					Medical Expenses							T	
Maintenance					Donations/Church							T	
Salaries/Wages					School Fees							T	
Owner's Drawings					Family Commitments							T	
RSC Levies					Insurance Fees							T	

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UIF Contributi	ions				Life						
Tel/Fax/Posta	ge				Endowment						
Stationery					Investments						
Loan 1 Repayment			Funeral								
Loan 2 Repayı	ment				Study						
Loan Repayment: other					Savings/s	stokvel					
Consumables			Store Cards								
Sundry Expenses				Telephone							
Total					HP Instalme	ents					
·					Other						
			NLR Exposu	re							
					CCA Exposure						
						Total					

*Declaration -

- 1. I hereby declare that the information provided in this application is, to the best of my knowledge, true and accurate.
- 2. I hereby declare that I understand the RNM Women in Business Funding terms and conditions and undertake to abide by such terms and conditions.
- 3. I hereby indemnify the Ray Nkonyeni Municipality and its Service Providers for any loss or damages whatsoever incurred as a result of an intervention rendered by the Service Provider in good faith.
- 4. I hereby declare that the information in this application form is fair and a true reflection of the intended business/project and that all the documents accompanying this application are authentic. I further confirm that neither I nor my partner(s) have ever been declared insolvent.

*Applicant's Signature:

Date <u>D/D/M/M/Y/Y/Y/Y/</u>