



# 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 A	Add	ress	of I	Micr	οЕ	ntei	rpri	se						
Micro Enterprise															
(Location of operation/															
Place from which the															
Micro conducts															
business)															

Province														
Municipality														
Code														
No. of employees	Male													
Operating start date	D							[						
Sector and subsector														
Financial Year	End				Fe	mal	e		Yo	uth		Disabled	HDI	
Annual sales tu	rnover	R												
Bank Statemen (Attached the l statement)	atest		YES / NO											
Projected Turn the next 3 year		Year 1:												
Annual sales tu	rnover	Year 2:												
Bank Balance o Enterprise (Atta latest statemer	ached the	Year 3:												
Businesses' Products/Service	ces													
Has the applica											Υe	es/No		
received any fir support from the government in the years? If so, specify the department or a and amount	ne the past 2 e		I											
Businesses'														
Products/Service Target	ces													
Market/Custom	ers													
a. Noti, dascom	J. <b>J</b>													

# **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:**

basiness imorniación.													
Physical Address													
Street													
Local Municipality													
District Municipality													
Province													
Google business	u	U U						u u		•	•		
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.

Item 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**

Motiv	rate why you are applying for this programme
	ining the business operations?
	clients or potential clients?
	clients or potential clients?
Plea:	clients or potential clients? se include a minimum three (3) reference letters or letters of intent
Plea:	clients or potential clients?
Plea:	clients or potential clients? se include a minimum three (3) reference letters or letters of intent
Pleas	clients or potential clients? se include a minimum three (3) reference letters or letters of intent

6. General / additional information	
<u></u>	
Section E: Declaration	
DECLARATION	
project. I am aware of the fact that the infibearing on the adjudication of the appaddendum, is not correct, or certain information entitled to withdraw or amend its approvational already paid or to withhold further payment.  I/We hereby declare that this application applications due to budget constraints.  I/We have declared that I/We are authorist the terms and conditions listed in the guidal I/We authorise you to make any enquiriest application.	is on a first come basis, and Seda reserves the right to close sed to make this application and I/We have read and accept
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	-
Eastern Cape	-
North West	-
Western Cape	-
Mpumalanga	-
Kwa-Zulu Natal	-
Limpopo	-
Northern Cape	-
Free State	-

# **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). Members contributions into the account 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	/	M	$\mathbb{M}$	/	Υ	Υ	Υ	Υ						
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.

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.
- 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 addresses listed below.

Province	Email Address
Gauteng	assetassistgp@seda.org.za
Mpumlanaga	assetassitmpu@seda.org.za
Northern Cape	AssetassitNC@seda.org.za
North West	assetassistNW@seda.org.za
Free State	assetassistFS@seda.org.za
KZN	assetassistKZN@seda.org.za

Western Cape	AssestassistWC@seda.org.za
Limpopo	assetassistLIM@seda.org.za
Eastern Cape	assetassistEC@seda.org.za