



RISK CAPITAL FUND

APPLICATION FORM



Application form for Financial Assistance

Financial Assistance Programmes:			
Project Development Finance		Amount:	
Business Finance		Amount:	
Total		Total Amount:	

Received by: Date:

Date of written acknowledgement:

Considered by District/Region/Head Office/Board (Delete inapplicable):

Approved/Rejected - Date:

Date of communication of decision:

SECTION 1

Please type or print. For entities with more than one person, each partner is to provide personal details as required in Section 1

1. PERSONNAL DETAILS

A. PARTICULARS OF APPLICANT

1.1	Name of applicant				Surname:			
					First name(s):			
1.2	Identity number:	year	m	d	Nationality:			
1.3	Date of birth:							
1.4	Residential address:							
					Code:			
1.5	Postal address:							
					Code:			
1.6	Telephone (Home):				Telephone (work):			
					Cell no:			Fax no:
					Email:			
1.7	Marital status:	Single			Married	Divorced	Widowed	
1.8	Type of marriage:				No. of dependents:			
1.9	Please attach a detailed curriculum vitae covering your academic background and/or your work and/or business experience.							

B. PARTICULARS OF SPOUSE

1.11	Name of applicant:				
1.12	Date of birth:	year	m	d	Identity number:
1.13	Residential address:				Code:
1.14	Occupation:				
1.15	Present employer:				Monthly income:
1.16	Address of employer:				Code:
	Telephone no:				Fax:

C. PERSONAL REFERENCES (give names, addresses and telephone numbers of at least two people not residing with you for reference purposes.)

1.18	Name of reference:		
1.19	Address of reference:		
		Code:	
	Telephone:		
	Name of reference:		
	Address of reference:		
	Telephone:		

D. TRADE REFERENCES (Provide two trade references)

	Company name:		
	Address:		
	Branch:		
	Telephone:		
	Company name:		
	Address:		
	Branch:		
	Telephone:		
1.21	Any previous loans with ECDC or any of the previous four corporation ie. TDC, CPDB, TRANSIDO and CSBC?	Yes	No
	If yes, supply details:		
	Name of corporation:		
	Account number:	Outstanding balance:	
1.22	Are you a member of a builders association?		No
	If yes, state name:		
	Submit a letter of support from the builders association		

E. PERSONAL BANKING DETAILS

Account number:	
Name of bank:	
Branch:	
Type of account held:	Account no:
Name of account holder:	Balance:

F. PERSONAL ASSETS & LIABILITIES - ASSETS (amount in Rand)**1. FIXED PROPERTY REGISTERED IN MY NAME**

NB: Give a brief description of property registered in my own name only. State on last page any usufruct, age of usufructuary, and, if applicable, any servitude other than the usual.

(a) CITY AND TOWN PROPERTY

ERF Number	City/Township	Purchase price	Date purchased	Fire insurance	Owners valuation	Office use

(b) FARM AND SMALL HOLDINGS PROPERTY

Name/No. of Farm	District	Hectare	Date purchased	Fire insurance	Owners valuation	Office use
Subtotal:						

(c) PROPERTY BOUGHT UNDER DEED OF SALE

2	MORTGAGE BOND IN OWN FAVOUR, ie where a bond is held over the fixed property of another person. State first or subsequent bond(s) and give a description of property. State amount of any preferential bonds. State amount outstanding still receivable.		
3	STOCK (Specify, if necessary, on last page)		
4	VEHICLES (State make and model)		
5	MISCELLANEOUS MOVABLE PROPERTY (Specify, if necessary, on last page)		
6	DEBTORS (State names)		
7	SHARES/LOANS-(Specify, if necessary on last page) (a) LISTED SHARES ON STOCK EXCHANGE		
	(b) UNLISTED SHARES/LOANS TO PRIVATE COMPANIES AND INDIVIDUALS (Attach balance sheet of private companies if applicable)		
8	OTHER INVESTMENTS AND ASSETS (Specify)		
9	LIFE POLICIES (Surrender value(s) if known)		
Nominal amount	Insurance company	Coded to	Owners valuation Office use

10	CREDIT BALANCES						
	Cheque:	Savings:					
	Total assets:						
LIABILITIES (amount in Rand)							
1.	MORTGAGE BONDS (or amounts due under deed of sale)						
ERF No.	name of farm	Bondholder/Seller	Ranking	Interest rate	Installment monthly, annually, etc	Expiry date	As of date
						Subtotal:	
(d) TERM LOANS (Specify)							
2	OWING UNDER INSTALLMENT SALE AGREEMENTS						
Type of asset	At which institution			Installment monthly, annually, etc		As of date	
	INCOME TAX OWING (State if due)						
	Owing to banks (State names and specify liabilities)						
	OWING IN RESPECT OF CREDIT CARD (Specify)						
	OTHER LIABILITIES (Describe and mention terms and conditions of repayment)						
	TOTAL LIABILITIES						
	SURPLUS OF ASSETS OVER LIABILITIES						
	NOTARIAL BONDS (State over which which assests and in favour of whom)						
	Total						R

SECTION 2

Please type or print. For groups each partner is to provide personal details as required in Section 1.

1. BUSINESS ENTITY DETAILS**A. FORM OF BUSINESS**

	Company	Close corporation	Trust
	Partnership	Co-operative	Other
	Registered Name:		
	Trading Name:		
	Registration No:		
	Registered address:		
	VAT No:		
	TAX No:		
	Postal Address:		
	Telephone No:		
	Fax No:		
	E-mail address:		
	Primary Contact person:		

B. BANK DETAILS

	Name of bank:	
	Branch:	
	Type of account:	
	Account Name:	
	Account No:	

BUSINESS PARTNERS/SHAREHOLDERS/MEMBERS/TRUSTEES/OTHER Give a list of your business partners and their ownership percentage of the business. Please note that each partner must complete Section 1 of this application.

	Name	Percentage (%)
1		
2		
3		
4		
5		

3. CONTRACT DETAILS (to be financed by ECDC)

3.1	Client/employer:	Contact no:
3.2	Value of contract:	
3.3	Financier/Principal agent:	
3.4	Address:	
		Code:
	Telephone No:	Fax:
3.5	Type of project:	
3.6	Size of building (m2):	
3.7	Address of project:	
		Code:
3.8	Contract commencement date:	Period of contract:
3.9	Financial details of contract:	

3.9.1	Tender amount		R	
3.9.2	Less	VAT	R	
	Less	10% Contingencies	R	
	Less	All P C Sums	R	
3.9.3	Total own work			
3.10	Tender breakdown summary:	Labour cost	R	%
		Material cost	R	%
		Plant cost	R	%
3.11	Penalty clause amount		R	
3.12	Sub-contractors to be used		1	
			2	
			3	
	Name of Consultant:			
	Contact Details:	Telephone:		
		Fax:		
		Email:		

4. FINANCIAL

4.1	Purpose of assistance:	
	Project Development Finance	
	Business Finance	
4.2	Please give names addresses and contact details of current creditors	

5. OTHER

5.1	Give any other information peculiar to your project which could assist ECDC in assessing the merits of application.
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6. UNDERTAKING BY APPLICANT

I, the undersigned, In my capacity as of the business for which the finance is applied, hereby declare that the information supplied herein and attached hereto is to the best of my knowledge and understanding true and correct in all respects. I am also aware that the information thus supplied will be used by the Eastern Cape Development Corporation as the basis upon which my application for financial assistance will be considered.

DECLARATION

I hereby authorise ECDC staff to follow up the references provided and give consent to ECDC sharing my account conduct, by way of reference to other creditors. Adverse reports on my conduct may also be listed with the credit bureau.

Applicant:

Date:

Signature:

Application requirements

Project Development Finance	Business Finance
<ul style="list-style-type: none"> Documented project/business concept (Business plan, project proposal, pre-feasibility study) Project plan (cost estimates) with clear milestones Benchmark model(s) if available Detailed breakdown of funding required (with supporting quotes) Proof of applicant's own 20% contribution (Prerequisite for release of ECDC funding once approved) 	<ul style="list-style-type: none"> Must have been operating for at least 6 months or a start-up with verifiable, credible long term business contract(s) Comprehensive business plan with 5 year financial projections Feasibility study (where applicable) Proof of market - verifiable, credible long term business contract(s) Other preliminary studies (where applicable) Benchmark model(s) if available Detailed breakdown of funding required (with supporting quotes) Confirmation of own contribution 6 months bank statements to justify trading for the period

Standard additional documents required

<ul style="list-style-type: none"> Certified copies of IDs of the business owners Certified copies of business registration documents Certified copy of SARS Tax Clearance Proof of address for all business owners (lease agreement, municipal account, as per FICA requirements) Proof of address of business premises where applicable (lease agreement, municipal account, as per FICA requirements) CVs of owners and technical teams Personal statement of income and expenditure; personal statement of assets and liabilities - applicable to all business owners
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Submission of Applications

Applications can be hand-delivered or submitted electronically and must be addressed as follows. Strictly one application per applicant should be submitted at any of the below ECDC offices

East London ECDC House, Ocean Terrace Park Street Quigney East London, 5241	Mnquma 24 High Street PO Box 117 Mnquma 4960	Mthatha 7 Sisson Street Fort Gale Mthatha 5099	Komani 118 Cnr Ebdon & Brewery Street Komani 5320	Gqeberha Parkton Arcade 329 Cape Road Newton Park Gqeberha, 6045
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Enquiries

ECDC Risk Capital Fund ECDC House, Ocean Terrace Park Street Quigney East London For attention: Mr. Athenkosi Mpayipeli E-mail: ampayipheli@ecdc.co.za Tel: 0437045786	East London/Gqeberha regional office(s) Contact: Mr. Siviwe Makasi Email: smakasi@ecdc.co.za Tel: 0437045664	Mthatha regional office Contact: Ms. Nomonde Manakaza E-mail: nmanakaza@ecdc.co.za Tel: 0475012235
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Application forms can be downloaded from www.ecdc.co.za



ECDC House
Ocean Terrace Park
Moore Street, Quigney, East London
PO Box 11197, Southernwood, 5213

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