

ECONOMIC DEVELOPMENT AND ENVIRONMENTAL AFFAIRS

#### **SECTION 1: DETAILS OF THE CO-OPERATIVE** Name of the co-operative: Registration no. Income tax no. Physical address of the co-operative Agriculture (agro-processing) Manufacturing Economic sector Tourism Green economy Other Number of employees Number of members No. of youth (18-35 yrs) No. of No. of Demographic profile No. of males disabled females District municipality Local municipality Town and village **Details of Chairperson and Secretary of the co-operative** Name: Designation: **Contact Numbers:** ID Numbers: E-mail (if any): Fax (if any): Physical address: ..... Postal address: ..... Name: Designation: **Contact Numbers:** ID Numbers: E-mail (if any): Fax (if any): Physical address: ..... Postal address: .....

NB: Please attach certified copies if ID's and resumes of founding members.

# **SECTION 2: FUNDING AND PRODUCT INFORMATION**

Total funding required from Imvaba	R
Reasons for applying for funding (in detail)	
Describe your products or services	
Where do you buy your stock for your products? Include names of your suppliers	
Who are your local competitors? List a few and explain why your product is better than theirs	
Does your co-operative use any technology? If so, please explain	
What are your technical and business skills training needs of your members	

# **SECTION 3: MARKET COMPETITIVENESS INFORMATION** Where do you currently sell your products and when did you start selling? Is the current market big enough? If not, where do you see as your future market? Explain in detail How much volumes of your product do you sell per month? Can you sell more and how? How does the co-operative plan to distribute and/or transport the products? Explain in detail How does the co-operative plan to promote the activities of the business? Is there someone that ensures the quality of the products? If not, how does the co-operative plan to ensure product quality?

who should provide it?

Do you think your product needs quality check? If so,

## **SECTION 4: TRAINING NEEDS ANALYSIS**

What is the highest level of education of your Founding Members?	Chairperson:  Deputy Chairperson:  Secretary:  Treasurer:  Other:
List training programmes that your members have attended in the past 2 years	
List other training workshops, programmes needed by your members	
How will these training workshops help your co- operative in execution of its business? Give details	
Does your co-operative hold Annual General Meetings, as per the requirement of the Co-operative Act of 2005 as amended? If so, please attach proof	
Does the co-operative have a constitution? If so, do all the members understand it and adhere to it?	
Has the co-operative signed any contracts in the past 12 months. Does it have contracts in place? If so, explain in detail	

### **SECTION 5: FINANCIAL INFORMATION** R What is the financial year end of the co-operative? R What is your current turnover (if operating)? R What is your projected turnover (for the next 12 months)? R What are your projections for the next 3 years? What are the most important assumptions about your projections? List all assumptions What are the monthly expenses of the co-operative? List all the items together with the costs List all raw materials needed and costs associated with each Does the co-operative have record keeping systems in place? If not, how does the co-operative keep records? Explain Does the co-operative submit annual audited statements to the Registrar as per the requirements of the Co-operative Act of 2005 as amended? If not, explain Will the co-operative be able to payback the loan, if so, how long will it take? What are identifiable risks of your co-operative? List them Has the co-operative received funding from any other sources? If so, please give details of the following: who provided the funds? how much was given? what were the funds for? how were they used and for how long was the funding?

#### **SECTION 6: DECLARATION**

We hereby declare that the information in this application is a fair and true reflection of our intended project. We are aware of the fact that the information which we have submitted above will have a material bearing on the adjudication of the application, and if it therefore subsequently appears that any information in the application with addendum was not correct, or that certain information was omitted, the funding 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 declared that I/we are authorised to make this application and I/we have read and accept the terms and conditions listed in the criteria and guidelines document.

I/we authorise you to make any enquiries in accordance with your procedures in connection with this application.

Name of authorised member of the co-operative:	
Signature:	
Place (Office and Town):	
Date:	







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200	Department	City/Town	Address	Telephone	Facsimile
	ECDC	Aliwal North	97 Somerset Road	+27 (0)51 633 3567	+27 (0)51 633 3569
10000	ECDC	Butterworth	24 High Street	+27 (0)47 401 2700	+27 (0)47 491 0443
A. A.B.	ECDC	East London (Head Office)	Ocean Terrace Park, Moore Street, Quigney	+27 (0)43 704 5600	+27 (0)43 704 5700
	ECDC	King William's Town	75 Alexander Road	+27 (0)43 604 8800	+27 (0)43 642 4199
	ECDC	Mdantsane	Mdantsane Mall. Shop no.48	+27 (0)43 761 3713	+27 (0)43 761 3713
	ECDC	Mount Ayliff	188 Nolangeni Street	+27 (0)39 254 0542/84	+27 (0)39 254 0599
SALVAN SECTION	ECDC	Mthatha	7 Sisson Street, Fort Gale	+27 (0)47 501 2200	+27 (0)47 532 3548
	ECDC	Port Elizabeth	152 Cape Road, Mill Park	+27 (0)41 373 8260	+27 (0)41 374 4447
Carlo Sale	ECDC	Queenstown	22 Cathcart Street	+27 (0)45 838 1910	+27 (0)45 838 2176

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