



**the dti**  
Department:  
Trade and Industry  
REPUBLIC OF SOUTH AFRICA

**BBSDP**

## Registration Form for Black Business Supplier Development Programme

### DISCLAIMER AND IMPORTANT NOTICE:

- Please read the relevant pages of the application / registration form guide detailing the legal implications of completing this form and applying for an incentive grant under this scheme.
- Specific attention is drawn to **the dti's** right to cancel any agreements based on incorrect or misleading information provided in this form.
- Entities that make fraudulent applications and claims will be prosecuted.

### HOW DID YOU FIND OUT ABOUT THE SCHEME?

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Road show / Exhibition / Presentation | <input type="checkbox"/> <b>the dti</b> Group                   | <input type="checkbox"/> <b>the dti</b> Website | <input type="checkbox"/> Industry Associations |
| <input type="checkbox"/> <b>the dti</b> Regional Office        | <input type="checkbox"/> Private Sector Consultant              | <input type="checkbox"/> Network Facilitator    | <input type="checkbox"/> Word of Mouth         |
| <input type="checkbox"/> Advertisement: TV, Radio, Print       | <input type="checkbox"/> <b>the dti</b> Customer Contact Centre | <input type="checkbox"/> Business Associations  | <input type="checkbox"/> Other                 |

### THE DEPARTMENT OF TRADE AND INDUSTRY CONTACT DETAILS

| Postal Address                      | Courier Address   | Web Address   |
|-------------------------------------|---|---|
| Private Bag X84<br>Pretoria<br>0001 | 1 Esselen Street (Ground Floor)<br>Shared Service Centre<br>Sunnyside, Pretoria<br>0002 | <a href="http://www.thedti.gov.za">www.thedti.gov.za</a><br><b>Customer Contact Centre</b><br>0861 843 384<br>+27(0)12 394 9500 |

### ONLY FULLY COMPLETED APPLICATION FORMS WILL BE CONSIDERED

Please note that the information you provide will be treated as STRICTLY CONFIDENTIAL. Personal information or any information that could identify your business will never be made public or provided to other government departments / agencies.

The registration form must be completed by the **Main Owner** of the business. If **equal share holding**, one of the shareholders should complete the form

### SECTION 1

### GENERAL INFORMATION

|  | Yes | No |
|--|-----|----|
| Is your company predominantly black-owned (50+1%)?                     |     |    |
| Is your company employing a predominantly black management team (50%)? |     |    |
| Does your company generate R500,000 to R35 million turnover per year?  |     |    |

| Describe the interventions for which you are applying? | Area of intervention<br>Tick the <b>one</b> that applies |  |
|--|--|--|
| 1.   | Training   |  |
|  | Business development                                     |  |
|  | Tools, machinery and equipment                           |  |
| 2.   | Training   |  |
|  | Business development                                     |  |
|  | Tools, machinery and equipment                           |  |

| DOCUMENTS TO BE SUBMITTED WITH REGISTRATION FORM        | [Tick (✓) where appropriate] |    | COMMENTS |
|---|------------------------------|----|----------|
|   | YES                          | NO |          |
| Registration Certificate                                |                              |    |          |
| Share Certificates / Proof of Ownership                 |                              |    |          |
| Tax Clearance Certificate                               |                              |    |          |
| Up to 3 year Financial Statements (preferably verified) |                              |    |          |
| Latest Management Accounts (if available)               |                              |    |          |
| Copies of ID Documents for owners and Key Managers      |                              |    |          |

**SECTION A****REGISTRATION INFORMATION**

|                                       |   |                                    |   |
|---------------------------------------|---|------------------------------------|---|
| 1. NAME OF COMPANY                    |   |                                    |   |
| 2. REGISTRATION (CK / CM) NUMBER      |   |                                    |   |
| 3. ENTITY TYPE                        | <input type="checkbox"/> Close corporation (CC) | <input type="checkbox"/> Pty (Ltd) | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership |
| If other, please specify:             |   |                                    |   |
| 4.1. TAX OFFICE                       |   |                                    |   |
| 4.2. VAT Number                       |   | 4.3. Company TAX Number            |   |
| 4.4. TAX Clearance Certificate Number |   | 4.5. TAX Clearance end date        |   |

**SECTION B****PRIMARY CONTACT INFORMATION**

|                                 |  |            |  |
|---------------------------------|--|------------|--|
| 5. FIRST NAME                   |  | 6. SURNAME |  |
| 7. RESIDENTIAL PHYSICAL ADDRESS |  |            |  |
| Number and Street               |  |            |  |
| Suburb                          |  |            |  |
| City / Town                     |  |            |  |
| Province                        |  |            |  |
| Postal Code                     |  |            |  |
| 8. BUSINESS PHYSICAL ADDRESS    |  |            |  |
| Number and Street               |  |            |  |
| Suburb                          |  |            |  |
| City / Town                     |  |            |  |
| Province                        |  |            |  |
| Postal Code                     |  |            |  |

|                    |                   |                        |  |
|--------------------|-------------------|------------------------|--|
| 9. CONTACT DETAILS | (with area codes) |                        |  |
| E-mail             |                   |                        |  |
| Fax                |                   | e.g. +27(0)12 394 1234 |  |
| Mobile #1          |                   | e.g. +27(0)83 394 1234 |  |
| Mobile #2          |                   | e.g. +27(0)83 394 1234 |  |
| Landline           |                   | e.g. +27(0)12 394 1234 |  |
| Website            |                   |                        |  |

**SECTION B.1****SECONDARY CONTACT PERSON IN THE BUSINESS**

|                            |  |                        |  |
|----------------------------|--|------------------------|--|
| 10. FIRST NAME             |  | 11. SURNAME            |  |
| 12. GENDER (Male / Female) |  | 13. POSITION           |  |
| E-mail                     |  |                        |  |
| Mobile #1                  |  | e.g. +27(0)83 394 1234 |  |
| Mobile #2                  |  | e.g. +27(0)83 394 1234 |  |

| SECTION C  | BUSINESS OPERATIONS   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
|--|---|----------------------------------|-----------------------------------|--------------------------|--|----------|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--|--|--|--|--|--|
| 14. What year did this business start operating? (CCYY)  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 15. What year did you take ownership of this business? (If you started the business, this response should be the same as in Q14)   |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 16. What was the primary reason you started / joined this business? (See Annexure List A)  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 17. In which sector does this business operate? (See Annexure List B). If the business operates in more than one sector, please indicate <b>only</b> the sector that accounts for the majority of the revenues.  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 18. How many different products does the business make or how many services does it provide?   |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 19. List the 3 main products this business makes or the 3 main services that it provides.  | A.  |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
|  | B.  |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
|  | C.  |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 20. Approximately, how many customers does this business have in a month?  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 21. Indicate the typical customers [Tick (✓) where appropriate-more than 1 answer is possible]   |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| General Public <input type="checkbox"/> Private businesses <input type="checkbox"/> Government <input type="checkbox"/> Other <input type="checkbox"/>   |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| If other, please specify: <span style="border: 1px solid black; display: inline-block; width: 400px; height: 1.2em; vertical-align: middle;"></span>   |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 22. How many contracts longer than 3 months does this business currently have with customers? (Zero if none)   |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 23. How many tenders (applications to provide goods or services at a specified rate and period) did this business submit in the past two financial years? (Zero if none)   |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 24. Of the total number of tenders this business submitted in the past two financial years, how many were successful? (Zero if none)   |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 25. How many of these successful tenders were government tenders? (Zero if none)   |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| SECTION D  | OWNERSHIP, MANAGEMENT AND EMPLOYEES   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 26.  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #FFD700;"> <th style="width: 30%;">Name(s) of owners (Attach proof)</th> <th style="width: 10%;">Youth<br/>(below 35)<br/>(Yes / No)</th> <th style="width: 10%;">Disability<br/>(Yes / No)</th> <th style="width: 15%;">Gender<br/>(Male / Female)</th> <th style="width: 15%;">% Shares</th> <th colspan="2" style="width: 20%;">BEE Status<br/>[Tick (✓) where appropriate]<br/>Black      White</th> </tr> </thead> <tbody> <tr><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> | Name(s) of owners (Attach proof) | Youth<br>(below 35)<br>(Yes / No) | Disability<br>(Yes / No) | Gender<br>(Male / Female)                                      | % Shares | BEE Status<br>[Tick (✓) where appropriate]<br>Black      White |  | A |  |  |  |  |  |  | B |  |  |  |  |  |  | C |  |  |  |  |  |  | D |  |  |  |  |  |  | E |  |  |  |  |  |  |
| Name(s) of owners (Attach proof)   | Youth<br>(below 35)<br>(Yes / No)   | Disability<br>(Yes / No)         | Gender<br>(Male / Female)         | % Shares                 | BEE Status<br>[Tick (✓) where appropriate]<br>Black      White |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| A  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| B  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| C  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| D  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| E  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 27.  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #FFD700;"> <th style="width: 30%;">Name(s) of key managers</th> <th style="width: 10%;">Youth<br/>(below 35)<br/>(Yes / No)</th> <th style="width: 10%;">Disability<br/>(Yes / No)</th> <th style="width: 15%;">Gender<br/>(Male / Female)</th> <th style="width: 15%;">Position</th> <th colspan="2" style="width: 20%;">BEE Status<br/>[Tick (✓) where appropriate]<br/>Black      White</th> </tr> </thead> <tbody> <tr><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>          | Name(s) of key managers          | Youth<br>(below 35)<br>(Yes / No) | Disability<br>(Yes / No) | Gender<br>(Male / Female)                                      | Position | BEE Status<br>[Tick (✓) where appropriate]<br>Black      White |  | A |  |  |  |  |  |  | B |  |  |  |  |  |  | C |  |  |  |  |  |  | D |  |  |  |  |  |  | E |  |  |  |  |  |  |
| Name(s) of key managers  | Youth<br>(below 35)<br>(Yes / No)   | Disability<br>(Yes / No)         | Gender<br>(Male / Female)         | Position                 | BEE Status<br>[Tick (✓) where appropriate]<br>Black      White |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| A  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| B  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| C  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| D  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| E  |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 28. How many employees does this business currently have (full-time plus part time plus temporary plus unpaid, including family members). <u>Please exclude the owners of the business from this count?</u><br><i>Full time employees work at least 40 hours per week. Part time employees work less than 40 hours per week. Temporary workers are short-term employees with no guarantee of work beyond a certain time frame, including seasonal workers.</i> |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| 29. How many of these employees are MALE and how many are FEMALE? <table style="float: right; margin-top: 10px;"> <tr> <td style="text-align: right;">Male</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">Female</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> </table>   |   | Male                             |                                   | Female                   |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| Male   |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| Female   |   |                                  |                                   |                          |  |          |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |

30. How many employees does this business currently have from the following population groups?

African

Indian / Asian

Coloured

White

31. How many employees does this business currently have from the following worker-types?

Full time

Part time

Temporary Full time

Temporary Part time

Unpaid

32. What are the average hours worked per week for each of the following worker-types in your business?

Full time

Part time

Temporary Full time

Temporary Part time

Unpaid

(hours)

(hours)

(hours)

(hours)

(hours)

## SECTION E

## FINANCIAL RECORDS AND EQUIPMENT

33. What was the business' **ANNUAL TURNOVER** in the past 3 financial years?

2007 / 08

2008 / 09

2009 / 10

R

R

R

34. What was the business' **ANNUAL NET PROFIT** in the past 3 financial years?

2007 / 08

2008 / 09

2009 / 10

R

R

R

35. What was the approximate amount in Rand of these costs in the business in the past financial year (2009/10)?

Salaries, wages, other costs associated with employees

R

Raw Materials (excludes fuels)

R

Products resold

R

Rent for land and/or buildings

R

Rent for machinery and equipment

R

Transportation of employees and products (petrol, freight, etc.)

R

Electricity

R

Other energy costs

R

Water consumption

R

Communications (phone, Internet)

R

Marketing and Promotion

R

Security costs

R

Interest charges and financial expenses (excludes loans capital payments)

R

Taxes and other fees

R

Informal costs

R

Other costs

R

36. Does the business export goods or services to other countries?  
[Tick (✓) where appropriate]

Yes

No

37. What was the approximate value in Rands of your exports to other countries in the past financial year (2009/10)? (Zero if none)

R

38. If exporting, list your main export destination countries:

A.

B.

C.

Now, we would like to know more about your business equipment and other property and utilities that you use in your business.

39. Does the business own the following?  
[Tick(✓) where appropriate]

YES

NO

40. How many does this business own?

41. Year of acquisition or date of start of service  
(CCYY / MM)

42. If you had to replace this, how much would it cost (in Rands) to purchase one in a similar condition?

Factory/plant

Land

Buildings

Heavy machinery

Electricity

Cell phone

Landline

Cash register

Company car

Storage area

Running water

Computer

Printer

Internet/email

## SECTION F

## FINANCING AND BANKING

43. Do you currently have any outstanding loans for this business?  
[Tick (✓) where appropriate]

Yes

No

44. Where are these loans from? [Tick (✓) all appropriate options]

|  |  |  |  |
|--|--|--|--|
| Bank / financial institution             |  | Donor / NGO                              |  |
| Employer                                 |  | Retailer / local store                   |  |
| Friends / family                         |  | Stokvel / burial society                 |  |
| Government Agency (Khula, UYF, GEP, etc) |  | Mashonisa lender / township money lender |  |
| Micro-lender                             |  | Other                                    |  |
| If other, please specify                 |  |  |  |

45. What is the total amount in Rands of these loans outstanding?

|  |   |  |   |
|--|---|--|---|
| Bank / financial institution             | R | Donor / NGO                              | R |
| Employer                                 | R | Retailer / local store                   | R |
| Friends / family                         | R | Stokvel / burial society                 | R |
| Government Agency (Khula, UYF, GEP, etc) | R | Mashonisa lender / township money lender | R |
| Micro-lender                             | R | Other                                    | R |

46. For all current loans, what are the purposes of these loans? [Tick (✓) all appropriate options]

|                                |  |  |  |
|--------------------------------|--|--|--|
| To buy someone else's business |  | To buy machinery / technology  |  |
| Financing a tender / contract  |  | To pay debts   |  |
| Start up capital               |  | Working capital / money for my business<br>(staff salaries / wages, rent, raw material / stock, etc) |  |
| To buy property                |  | To upgrade existing business facilities  |  |
| Funeral                        |  | Wedding  |  |
| Family monthly expenses        |  | Other  |  |
| If other, please specify       |  |  |  |

## SECTION G

## INFORMATION ON THE MAIN OWNER (MAJORITY SHAREHOLDER)

47. GENDER (Male / Female)

48. AGE (years)

49. HIGHEST EDUCATION LEVEL (See Annexure List C)

50. FIELD OF SPECIALISATION  
(if at least with Bachelor's degree)

51. If you have children, how many are: 18 years and older?

52. Under 18 years old?

53. What is the total overall household expenditure in a typical month?

R

54. What is the total overall household expenditure in a typical month on the following items?

|  |   |                                |   |
|--|---|--------------------------------|---|
| Vehicle loans                                  | R | Cell phone, Internet, landline | R |
| Pension fund/provision fund/retirement annuity | R | Bond on your house             | R |
| Clothing                                       | R | House rent                     | R |
| Education fees (for children, yourself)        | R | Food                           | R |
| Medical Aid / medical services                 | R | Investments                    | R |
| Celebrations / social events                   | R | Music, TV, technology          | R |
| Lights and Water                               | R | Other                          | R |
| If Other, please specify                       |   |                                |   |

55. In a typical month, after paying all expenses, how much do you usually save?

R

56. How many businesses including this one have you personally started or taken over?

57. How many of these businesses are still in operation?

## SECTION H

## PREVIOUS SUPPORT

58. Have you received support from the old BBSDP programme?  
[Tick (✓) where appropriate] (Previous participation in the old  
BBSDP will not disqualify you from the new BBSDP)

Yes

No

## SECTION I

## TRADE REFERENCES

59. Entity / Contact person

60. Contact details (e-mail / landline / mobile)

61. Type of relationship with your company

## TO BE SIGNED BY THE BUSINESS OWNER

I, the undersigned, hereby confirm that all the information supplied above is true and correct

Name (Business Owner)

Signature

Date (DD/MM/CCYY)

## TO BE SIGNED BY THE NETWORK FACILITATOR

I, the undersigned Network Facilitator, hereby confirm that all relevant supporting documentation has been verified with my client and that all information supplied above is true and correct. I hereby undertake to keep confidential all proprietary information received by me in the discharge of this mandate

Name (Network facilitator)

Signature

Date (DD/MM/CCYY)

## TO BE SIGNED BY the dti OFFICIAL (BBSDP)

I, the undersigned BBSDP representative, hereby confirm that all relevant supporting documentation has been checked

Name (the dti Official)

Signature

Date (DD/MM/CCYY)

## ANNEXURE A

|                                       |   |
|---------------------------------------|---|
| 1=Family needed additional money      | 9=Wanted to benefit from my hobby                   |
| 2=Lost previous job                   | 10=Low investment requirement                       |
| 3=Previous business not successful    | 11=Previous experience as a worker in this industry |
| 4=Received subsidy to set up business | 12=Allows me to balance family and work life        |
| 5=Could not find a job                | 13=Wanted to be my own boss/have own business       |
| 6=Saw a market opportunity            | 14=Post-retirement source of income                 |
| 7=I took a related training course    | 15=Traditional line of business of clan             |
| 8=Wanted to continue family business  | 16=Other reason not listed above (specify)          |

## ANNEXURE B

**Agriculture and Fishing:**

1. Ploughing, Planting / Weeding / Harvesting
2. Activities related to the storage of crops
3. Herding
4. Poultry farming
5. Activities related to poultry products
6. Fishing
7. Piggery
8. Hunting/forestry
9. Dairy: Milk, making butter, etc
10. Shearing / Slaughtering
11. Horticulture – Vegetables
12. Horticulture – Fruits
13. Horticulture – Fruits and vegetables
14. Horticulture – Flowers
15. Horticulture - Mushrooms
16. Other activities related to agriculture, horticulture, or animal husbandry.

**Manufacturing/processing:**

17. Making charcoal
18. Milling (incl. Hand milling)
19. Food processing – edibles and potables
20. Soap, cosmetics, beauty products
21. Canning
22. Beer brewing
23. Wine-making
24. Jewellery-making
25. Making baskets / hats / clay pots / other handicraft
26. Spinning / Weaving
27. Dressmaking / embroidery / tailoring
28. Stationery
29. Other manufacturing (not for home use)
30. Other manufacturing ( for home use)
31. Recycling

**Trading / Sales:**

32. Retail trading
33. Wholesale trading
34. Engaged in tea shops / street vending etc
35. Restaurant
36. Bar
37. Catering
38. Chair-table-tent hiring
39. Assisting in sales of agriculture products and other retail trades
40. Wine, beer, liquor sales

**Other Services:**

41. Hotel / Guest House
42. Real estate
43. IT services
44. Hair salon, barber or beauty shop services
45. Repair and maintenance services: tool, shoes, etc. (not for own household)
46. Collection of firewood, fetching water
47. Domestic / custodial work in homes
48. Elderly or child care
49. Custodial work in a firm or office
50. Clerical or secretarial work in a firm or office
51. Sanitation, sewage
52. Laundry or ironing
53. Finance
54. Venue decoration
55. Cell phone minutes, SIM card retailer

**Mining and quarrying:**

56. Mining of coal and lignite
57. Mining of platinum
58. Mining of gold and silver
59. Mining of uranium
60. Extraction of crude petroleum and natural gas
61. Other mining and quarrying

**Construction:**

62. Farm buildings or fences
63. Houses
64. Roads
65. Other construction activities

**Transport and storage:**

66. Carrying loads to market for sale
67. Carrying grain
68. Car hire and tours
69. Other transport activities
70. Storage

**Other**

71. Other activity not listed above (Specify)

|                      |  |  |  |  |                       |
|----------------------|--|--|--|--|-----------------------|
| REGISTRATION FORM ID |  |  |  |  | (For office use only) |
|----------------------|--|--|--|--|-----------------------|

| ANNEXURE C                 |                                       |
|----------------------------|---------------------------------------|
| 1=No schooling             | 6=Post Matric qualification (diploma) |
| 2=Some primary school      | 7= Bachelor's degree                  |
| 3=Primary school completed | 8=Honours                             |
| 4=Some high school         | 9=Masters                             |
| 5=Matric                   | 10=Doctorate                          |