



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															
				<u> </u>						ļ.,					
Registration Number				/						/					
Income Tax No.															
Details of the contact															
person:															
Name and designation:															
Telephone:															
E-mail (if any):															
Cell Phone:															
Website:															
Physical Address of Micro Enterprise (Location of operation/ Place from which the Micro conducts business)	Postal .	Add	ress	of I	Micr	o E	nte	rpri	se						
,															
	1														

Province																		
Municipality																		
Code																		
No. of Male																		
employees							D											
Operating Start date																		
Sector and																		
subsector																		
Financial Year End					Fe	mal	e	Yo	uth		Disabled		HDI					
Annual sales turnover	F	₹																
Bank Statement		,																
(Attached the latest		YES	/ N	0														
statement)	- · · · · · ·	ear 1:																
Projected Turnover for the next 3 years	or Ire	ear i:																
Annual sales turnover	· \	Year																
		2:																
Bank Balance of Micro) Y	Year																
Enterprise (Attached	the 3	3:																
latest statement)																		
Businesses' Products/Services																		
1 Toddees/ Services																		
Has the applicant										Υe	es/No							
received any financial support from the	_																	
government in the par	st 2																	
years?																		
If so, specify the																		
department or Agency	/																	
and amount																		
Businesses'																		
Products/Services																		
Target Market /Customers																		
Market/Customers																		

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 1. **Brief Description of the Business** 2. Motivate why you are applying for this programme 3. How will these interventions (i.e. Stock, machinery, equipment) you are applying for assist in sustaining the business operations? 4. List clients or potential clients? Please include a minimum three (3) reference letters or letters of intent

6. General / additional information

Section E: Declaration	
DECLARATION	
	n this application is a fair and true reflection of our intended
[·	ormation which we have submitted above will have a material
	lication. If any information in the application, with the
	rmation was omitted, the Adjudication Committee shall be
· ·	and, without prejudice to its rights, to recover any amounts
already paid or to withhold further paymer	
I/We hereby declare that this application	is on a first come basis, and Seda reserves the right to close
applications due to budget constraints.	
	sed to make this application and I/We have read and accept
the terms and conditions listed in the guid	elines.
L/Ma authoria van ta mala ann an animia	in a considerate with the constant of the constant with their
	in accordance with your procedures in connection with this
application. Name of Authorised official	
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	assetassistgp@seda.org.za
Eastern Cape	assetassistEC@seda.org.za
North West	assetassistNW@seda.org.za
Western Cape	AssestassistWC@seda.org.za
Mpumalanga	assetassitmpu@seda.org.za
Kwa-Zulu Natal	assetassistKZN@seda.org.za
Limpopo	assetassistLIM@seda.org.za
Northern Cape	AssetassitNC@seda.org.za
Free State	assetassistFS@seda.org.za

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);
- 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

For Office Use

Site Verification Date	D	D	/	M	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/ amount applied for. The programme does not make provision for raw material without equipment.

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/ total amount applied for. The program does not make provision for raw material without equipment.
- 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 address listed.