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| **SASOL BUSINESS ACCELERATOR PROGRAMME APPLICATION FORM** |
| **In order for your business to be considered for the Sasol Business Accelerator Programme, your business must meet the below minimum requirements:** |
| **REQUIREMENT**  | **Mark (X)** |
| 1. CIPC registered business entity
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| 1. The business must be 51% black owned and/or black women owned
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| 1. The business must have a valid tax number
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| 1. The business must have been operating for more than 6 months
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| 1. The business must be owner operated and the owner should be running the business on a full-time basis.
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| 1. The business must have an annual turnover of less than R10 million
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| 1. The SMME must be based in Metsimaholo, Ngwathe or Emfuleni municipality
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| 1. The businesses must be operating within Manufacturing, Engineering services, Engineering maintenance, Industrial Facilities, Waste Management and Renewables
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| 1. The SMME must be willing to operate from the Sasol Business Incubator facility in Sasolburg for the duration of the programme. **This opportunity is only open to business that need to utilize the SBA facilities for the duration of the development programme**
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| 1. The SMME has never participated in an incubation programme.
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| **Where did you hear about this opportunity?** **Indicate with (X)** | Social Media |  | Website /Digital Flyer |  | Sasol Partner Communication |  | Street Advertising |  | Newspaper |  | Radio |  | Flyer |  |
| Other (please specify) |  |

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| **Please complete the below application form if you meet all the above minimum requirements** |

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| **1. PERSONAL INFORMATION**  |
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| Full Names: |  |  | Title:(Ms, Miss, Mr) |  |
|  |  |  |  |  |
| Surname: |  |  | Gender: | **M** | **F** |
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| Identity Number: |  |
|  |  |
| **Residential Address:** | Street: |  |
|  | Suburb: |  | Town/City: |  |
|  | Municipality: |  |
| Telephone No: |  | Cell No: |  |
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| Email Address: |  |
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| Business Name: |  |
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| Type of Business: | CC |  | (Pty) Ltd |  | Sole Proprietor |  | Partnership |  |
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| Registration No: |  | Tax Clearance no. |  |
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| **Business Physical** **Address:** | Street: |  |
|  | Suburb: |  | Town/City: |  |
|  | Municipality: |  |
|  | Province |  |
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| Business Premises:  | Owned |  | Leased |  |  |
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| Business Cell: |  | Business Tel: |  |
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| **NATURE OF BUSINESS:**Please **mark only one (1)** relevant product/ service area below, as it relates to your business.

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| **Industry** | **Area** | **PCS Level 3** | **Mark(X)** |
| 1. Engineering Maintenance
 | EC&I | Calibration of multi-meters (scales) |  |
| BTU maintenance |  |
| Online condition monitoring of Electrical Equipment |  |
| Low voltage motor repairs |  |
| Transformer repairs |  |
| 1. Facilities
 | Industrial Facilities | Installation of Vehicle Glass/windows (There is a company currently in database) |  |
| Maintenance of Lifting Equipment (provision of spares) |  |
| Instrument Repair (Ground water, surface water, air, calibration, leak and repair instruments) |  |
| LAB Services (Test samples for accreditation. Comply with ISO 17206 and 9000) |  |
| 1. Waste Management
 | Recycling | Recycling of WEEE (Batteries, electrical components) |  |
| Waste disposal | Destruction of confidential/Sensitive information as per POPI Act |  |
| 1. Mechanical
 | Mechanical | Industrial filters |  |
| 1. Other
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| If you selected other, please specify:  |
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| **Please provide a list of all your business Shareholders:**  |
| **Name and surname** | **ID number** | **Gender (M/F)** | **Position/ job title** | **Ownership %** | **% Time devoted to the business** |
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| **Please complete the table below for all owners & managers.** |
| **Name and surname** | **Position** | **Qualification** **(diploma, degree etc.)** | **Years of relevant experience** | **Number of years with your company** |
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| **Staffing/ employees** |
| How many staff members do you employ? | Full-time: |  |
|  | Part-time: |  |
| How many of the above have joined your company in the last six months? | Full-time: |  |
|  | Part-time: |  |
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| **3. BUSINESS STRATEGY** |
| A. | Main activities by the business:What were the main business (i.e. products and services) activities over the past 6 months? (before Covid-19 lockdown)1. How much of your time was spent on business development?
2. How much of your time was spent on research and development?
3. How much of your time was spent on customer service and support?
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| B. | Your plans for the business:What are the main business targets in the next 12 to 24 months? |
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| C. | Your key concerns or challenges:What do you think are your biggest barriers to achieving your 12 to 24 months business goals and how do you believe you will overcome them? |
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| D. | What do you recognise as your key business risks and how do you believe you will overcome them? |
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| E. | What accounting, business management, and financial systems are being used in your business?  |
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| F. | How do you manage your daily operational activities in order to support your overall business objectives? |
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| 1. **CLIENT HISTORY**
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| Please provide a list of clients serviced by the business and the value per client (if available): |
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| 1. **LEGAL COMPLIANCE**
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| Please indicate if you have the below information and provide a valid reference number where applicable: |
| **Type** | **Yes** | **No** | **Number** |
| Registration of the company with CIPC: |  |  |  |
| Tax clearance  |  |  |  |
| WCA  |  |  |  |
| UIF  |  |  |  |
| SDL  |  |  |  |
| Occupational health and safety policy  |  |  |  |
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| Other applicable compliance areas, registrations required such as UIF, PAYE, Workmen’s Compensation, Environmental consideration, HIV Policy, Health and Safety Policy, etc. |
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| 1. **BUSINESS PROFILE**
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| **Please answer all questions thoroughly and provide details.** |
| **B.** | **Describe the Product or Service Offering:**  |
| B1 | Provide details of the product development stage (product existing in the market/ improvement on existing product). |
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| B2 | Provide details of the marketing strategy used to find clients. |
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| B3 | What 3 qualities make your product or service offering unique or different? |
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| **C.** | **What are the Key Success Factors in your business?** |
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| C1 | What plans do you have to get your product/technology validated and/or accredited? (e.g. SABS) |
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| C2 | Describe the business drivers for turnover, expenses, profits and cash flow. |
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| C3 | List your products/services and applicable margins. |
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| **D.** | **Outline your targets, plans and priorities to grow the business over the next 24 months.** |
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| 1. **SUPPORTING DOCUMENTATION CHECKLIST**
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|  | **Mark (X)** |  |
| CIPC Registration |  |  |
| B-BBEE affidavit |  |  |
| Company profile |  |  |
| Bank account confirmation letter |  |  |
| COIDA letter of good standing |  |  |
| Director(s) CV |  |  |
| Management accounts – current financial year |  |  |
| Tax clearance certificate/ PIN |  |  |

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| **8. ACKNOWLEDGEMENT AND CONSENT** |
| 1. I, the undersigned, hereby certify that the information, representations and documents attached to this application is true and correct at the time of completion, and that I am duly authorized to furnish this application on behalf of the Enterprise.
2. I understand that the consent on the above representation is binding on my conscience, and that any misrepresentation or inaccurate facts may invalidate my application to the Sasol Business Accelerator programme.
3. I understand that an incomplete application form will not be considered.
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**Name and Surname Date**