



destea

department of
economic, small business development,
tourism and environmental affairs
FREE STATE PROVINCE

DISTRIBUTORS & WHOLESALERS APPLICATION FORM

A. Business Details

1. CIPC registered name:

2. Trading as:

3. Business description (main items or services produced or delivered, sector):

4. Business registration number:

5. Tax reference number:

6. Total turnover in the past 12 months: R.....

7. When did the business start trading?:

8. Industry sector:

9. Phone number:

10. Email address of the business:

11. Physical address:

12. Location details:

- Province:
- District:
- Municipality:

- Town:

B. Contact person / Company representative

1. Title:.....

2. First name:

3. Surname:

4. ID number:

5. Contact person phone number:

6. Contact person email address:.....

C. Member(s) / shareholder(s) details

Member 1:

First name and surname:

ID number:

Percentage shareholding (%):

Gender:

Male Female

Youth (less than 35 years old)

Youth Adult

Has disability?

Yes No

Member 2:

First name and surname:

ID number:

Percentage shareholding (%):

Gender:

Male Female

Youth (less than 35 years old)

Youth Adult

Has disability?

Yes No

Member 3:

First name and surname:

ID number:

Percentage shareholding (%):

Gender:

Male Female

Youth (less than 35 years old)

Youth Adult

Has disability?

Yes No

Member 4:

First name and surname:

ID number:

Percentage shareholding (%):

Gender:

Male Female

Youth (less than 35 years old)

Youth Adult

Has disability?

Yes No

Member 5:

First name and surname:

ID number:

Percentage shareholding (%):

Gender:

Male Female

Youth (less than 35 years old)

Youth Adult

Has disability?

Yes No

Check the shareholding should add up to 100 percent

D. Brief company background

1. Brief profile of the business including (goods and/or services rendered):

2. Brief background on retail experience, current wholesale/distribution and relevant skills of business owner.

3. Breakdown of financial requirements, including expected Rand value (Wages, stock, rent, etc.):

4. Brief background on industry experience and relevant skills:

5a. Number of current jobs created:

5b. Number of future jobs estimated:

6. Competitive advantage(s) of the business:

7. Previous government/agencies support received (state institution name, type of support and relevant numbers/values):

E. Incentive type applied for (and required documentation)

1. COVID-19 Risk Sharing Incentive (BBBEE: 1-3):

Access to funding from Commercial Banks and Development Finance Institutions (DFIs) and commercial banks is one of the major challenges facing the Small and Medium Enterprises. In response to this challenge, the Department has established Risk-Sharing Facility with the objective of de-risking some of the viable business proposals within the priority sectors which have the potential to create jobs by providing support of up to 40% of co-funding requirements to operational South African-owned enterprises who apply for funding from commercial banks or DFIs. This incentive is focussed in the main on industrialization and saving current jobs as well as creating new ones.

Funding limit: min of R350 000 or higher (Via Transfer Payment).

Sectors: Bulk buying, wholesalers and distributors.

Qualifying Criteria: Bankable business plan, CIPC registration, Valid tax clearance certificate, Licencing (Business Act no 71 of 1991), UIF registration for Employees, Business must have been operational for at least 12 months, require working capital or funds to purchase stock, store refurbishments and equipment. The fund will not be used to service any pre-existing debt. Annual turnover of min. R500 000. Scoring will include the following: Number of employees, gender, youth, and disability. BBBEE: 1-3.

Incentive that funds the initiative for wholesalers and distributors:

COVID-19 Risk Sharing Incentive 

F. Declaration and Consent

I/We the undersigned declare that the information provided in this application is to the best of our knowledge true and correct. We also understand that any wilful misrepresentation of the information in this application form will disqualify the application and may lead to legal actions

I/We understand that the information will be used to determine my eligibility for an incentive, and if eligible, I will receive same.

I/We further acknowledge that, pending the availability of funds in DESTEA, the application will be subjected to internal processing in terms of DESTEA's Enterprise Development and Support Policy, which may lead to the application being approved, declined or referred to another institution/organization/DESTEA Programme. DESTEA reserves the right to adopt your business into its Business Development and Support Incubation Programme, as part of support or as an alternative to direct financial support.

I/We hereby confirmed that by submitting information to DESTEA, irrespective as to how such information is submitted, you consent to the collection, collation, processing, and storing of such information and the use and disclosure of such information in accordance with the DESTEA Policy on Enterprise Development and Support in terms of the appropriate legislation

Surname:

First name:

Designation:

Signature:.....

Place:

Date:

Notes: