

[This Application Form is not For Sale]



## WOMEN IN BUSINESS FUNDING APPLICATION FORM

(Municipal Notice 102 of 2023)

Office use only

Date Application Form Received		
Application Reference Number	RNM/102/	

### Section A: APPLICANTS DETAILS

*Full Names as per ID						
*Surname						
*Identity Number						
*Gender	Female		Male		*Age	
*Population Group (tick ✓the appropriate box)	African	White	Indian	Coloured	Home language	
Disability Status (tick ✓the appropriate box)	No	Yes	If yes, indicate the disability			
*Telephone No:				Fax no		
*Cell phone No.				Email		
*Physical Address					Postal Code	
*Postal Address					Postal Code	
*Province						
*Geographic Type	Urban				Rural	
Formal Qualifications						
Training Course attended						

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Section B: BUSINESS DETAILS						
*Name of the Business						
*Company Reg. No						
*CSD no.						
*Tax Number						
*Entity Type	Pty		Co-ops		Sole Proprietor	
*Name of Business						
*Business Tel. No:			Fax no			
*Cell phone No.			Email			
*Physical Address					Postal Code	
*Postal Address					Postal Code	
*Province						
*Geographic Type	Urban			Rural		
*Business Bank Name						
*Account Number						
*Branch Name						
*Branch Code						
*Account Type						

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**\*Section C: START-UP**  
**assessment purposes)**

*Applicants who have a viable business idea/to start a business (this is critical for*

**Business Name:** \_\_\_\_\_

**1. Please indicate the Sector in which your business is operating:**

Sectors	Mark with an X
Agriculture	
Construction	
Beauty and Fashion	
Accommodation and Food Services	
Cleaning Services and/or Production of Cleaning Products	
Information Systems, Communication and Technology	
Hygiene and Sanitation	
Artworks	

**2. Please give a brief description of the idea in terms of:**

- (a) What is your business idea/what is your business doing (b) who are your customers/potential customers; (c) where do/will you operate your business from; and (d) how do/will you deliver your product or service.

**3. Please assess yourself against the following business feasibility requirements:**

- |                                                                          |                          |     |                          |    |                          |          |
|--------------------------------------------------------------------------|--------------------------|-----|--------------------------|----|--------------------------|----------|
| a. Do you have any business management training                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| b. Do you have the technical skills to start the business?               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| c. Do you know who your competitors are?                                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| d. Do you have the money to cover your start-up costs                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| e. Do you have enough money to cover the operating costs?                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure |
| f. Do you have the equipment and machinery required to run the business? | <input type="checkbox"/> |     | <input type="checkbox"/> |    | <input type="checkbox"/> |          |

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4. Please indicate the Ownership status in your business:

Name & Surname of Business Partner (incl. Owner)	Position in the Business	Contact Numbers	Disability	Gender	Rural	Race	Ownership %	Signature
1								
2								
3								
4								
5								

**\*Section D: Operation and Trading (This section is very critical for assessment purposes)**

1. How long has the business been in operation and trading?

<input type="checkbox"/>	Less than 12 months	<input type="checkbox"/>	5 – 6 years
<input type="checkbox"/>	1 – 2 years	<input type="checkbox"/>	6 – 7 years
<input type="checkbox"/>	3 – 4 years	<input type="checkbox"/>	8 – 10 years
<input type="checkbox"/>	4 – 5 years	<input type="checkbox"/>	More than 10

2. How many people (including yourself) are employed in the business?

3. Please indicate how many are:

<input type="text"/>	Disabled	<input type="text"/>	Male	<input type="text"/>	Female
<input type="text"/>	African	<input type="text"/>	Coloured	<input type="text"/>	Indian
		<input type="text"/>	White		

4. Has there been a change in the number of people employed in the business over the last 12 months?

Increased
  Decreased
  No change

Reason: \_\_\_\_\_

5. Please provide an estimate of your annual turnover or that is anticipated – (total amount of income)

<input type="checkbox"/>	Less than R20 000	<input type="checkbox"/>	R300 000 – R499 000
<input type="checkbox"/>	R20 000 – R49 999	<input type="checkbox"/>	R500 000 – R999 999
<input type="checkbox"/>	R50 000 – R99 999	<input type="checkbox"/>	R1 – R2 million
<input type="checkbox"/>	R100 000 – R149 999	<input type="checkbox"/>	R2 – R3 million
<input type="checkbox"/>	R150 000 – R199 999	<input type="checkbox"/>	R3 – R4 million
<input type="checkbox"/>	R200 000 – R299 999	<input type="checkbox"/>	More than R5 million

6. Has there been a change in the turnover of the business over the last 12 months?

Increased
  Decreased
  No change

Reason: \_\_\_\_\_

7. Please indicate how you started the business:

I started it myself	<input type="checkbox"/>	I bought the business	<input type="checkbox"/>
I started the business with a partner(s)/ friend(s)	<input type="checkbox"/>	I took it over from someone in the family	<input type="checkbox"/>

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8. Describe the premises your business operates from:

Street or street corner	<input type="checkbox"/>	<input type="checkbox"/>	Incubator or business hive
Stall in a marketplace	<input type="checkbox"/>	<input type="checkbox"/>	Back yard
From a container	<input type="checkbox"/>	<input type="checkbox"/>	Standalone shop
I sell door to door	<input type="checkbox"/>	<input type="checkbox"/>	Shop in a complex
House	<input type="checkbox"/>	<input type="checkbox"/>	Part of an office block
Part of a house	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

9. Do you own or rent the premises?

Own

Rent

10. Indicate with an X in which of the geographical location is your business operates:

Urban		Rural	
City Centre / Town Centre		Rural area	
Suburb		Village	
Township		Rural farm area	
Informal Area/Shack settlement		Small holding	
Hostel		Informal Settlement	

11. Please describe your business goals aligned to women empowerment objectives

12. Describe how the funding you are requesting will likely improve your business?

13. Are you able to invest time, financial and other resources in improving your business?

Yes

No

Explain further: \_\_\_\_\_

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**\*Section D: Use of Funds (this is critical for assessment purposes)**  
 (Also attached quotations)

**Use of funds**

Amount requested	R									
<b>To be utilized as follows:</b>										<b>R</b>
1.										
2.										
3.										
4.										
5.										
Total										

**Business sales forecast**

<b>Sales</b>	<b>Product 1</b>	<b>Product 2</b>	<b>Product 3</b>	<b>Product 4</b>
Quantity per day				
Quantity per week				
Quantity per month				
selling price of unit				
<b>Total monthly sales</b>				

**Business and personal expenses/income (if any)**

<b>INCOME (BUSINESS)</b>	<b>R</b>	<b>INCOME PERSONAL</b>	<b>R</b>
Sales		Salary (Applicant)	
Debtors		Salary (Spouse)	
Other (Specify)		Other (Specify)	
Total		Total	
<b>Expenses (Business)</b>		<b>EXPENSES (PERSONAL)</b>	
Rent		Rent/Bond	
Equipment		Car Instalment	
Purchases: Stock/Material		Water Electricity	
Water/Electricity		Groceries	
Insurance		Clothing	
Security		Travel/Transport	
Accounting fees		Entertainment	
Petrol/Transport		Medical Expenses	
Maintenance		Donations/Church	
Salaries/Wages		School Fees	
Owner's Drawings		Family Commitments	
RSC Levies		Insurance Fees	

**(Ensure that all Sections or Rows with the \* are filled)**

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UIF Contributions										Life										
Tel/Fax/Postage										Endowment										
Stationery										Investments										
Loan 1 Repayment										Funeral										
Loan 2 Repayment										Study										
Loan Repayment: other										Savings/stokvel										
Consumables										Store Cards										
Sundry Expenses										Telephone										
	Total									HP Instalments										
										Other										
										NLR Exposure										
										CCA Exposure										
											Total									

**\*Declaration -**

1. I hereby declare that the information provided in this application is, to the best of my knowledge, true and accurate.
2. I hereby declare that I understand the RNM Women in Business Funding terms and conditions and undertake to abide by such terms and conditions.
3. I hereby indemnify the Ray Nkonyeni Municipality and its Service Providers for any loss or damages whatsoever incurred as a result of an intervention rendered by the Service Provider in good faith.
4. I hereby declare that the information in this application form is fair and a true reflection of the intended business/project and that all the documents accompanying this application are authentic. I further confirm that neither I nor my partner(s) have ever been declared insolvent.

**\*Applicant's Signature:** \_\_\_\_\_

**Date**   /  /  /   /  /  /  /  /  /