

## KHUMO PROGRAMME APPLICATION FORM

The Khumo Programme is an intensive Enterprise Development Programme sponsored by Khumani Mine to develop selected SMME’s. Please make sure that you complete the whole application form (Page 1 – Page 10) in order to apply for the programme. After the application process a formal selection process will be followed. Please note that the completion of this form **does not** automatically include your company in the programme.

### SECTION A

Please indicate which answer is correct by making an x in the appropriate box.

1.) Is the business a small, medium or micro enterprise? (Annual turnover of less than R50 million and classified as an EME or QSE as per the B-BBEE Codes of Good Practise.)

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

2.) Is the business minimum 51% black owned?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

3.) Does the business have 51% or more female ownership?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

4.) Are any of the business owners a disqualified or delinquent director?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

5.) Are the business owners able to trade and operate without limitation within the Republic of South Africa?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

6.) If you answered No above in question 5 above, please give the name(s) of the director(s) who cannot trade / operate without limitation in the Republic of South Africa and the reason(s):

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7.) Are the business owner(s) operating more than one business?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

8.) If you answered Yes in question 7 above, please give a brief description of other businesses / business activities:

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9.) Are the business owners full time involved in the business?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

10.) If you answered No in question 9 above, please indicate whether the business owners are willing to be full time involved if the business is selected for the Enterprise Development Programme?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

11. For how long has the business been operational: \_\_\_\_\_

12. Where is the business situated (Town and Municipality): \_\_\_\_\_

13. Is the business currently part of an enterprise development / supplier development / incubation programme?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

14. If you answered Yes above, please give a brief description, as well as a description of previous programmes completed:

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15. Is the business currently registered as a supplier on the Assmang – Khumani Iron Ore database?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

16. Please provide a list of businesses (If applicable) to whom the business is currently supplying goods or services, and please specify which goods or services are being supplied:

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17. If selected for the Enterprise Development Programme, are you willing to sign a Khumani Enterprise Development Beneficiary Agreement?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

18. Has the company or any of the directors ever been placed under administration?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

19. If you answered yes in question 18 above, please give the name(s) of the director(s) who was placed under administration and a brief description

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20. Please underline the applicable description: The business has a **good / average / bad** credit record. Please give a brief description:

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21. Are you willing to give consent to a credit check?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

22. Does any of the business owners have a criminal record?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If you answered Yes in question 22 above, please give a brief description:

Name of Owner Who Was Convicted of Offence	Year When Offence Was Committed and Description of Offence	Description of Sentence

23. Are you willing to give consent for a criminal record check?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

**This is the end of section A. Please continue to section B below.**

## SECTION B

COMPANY DETAILS	
REGISTERED COMPANY NAME	
TRADING NAME	
REGISTRATION NUMBER	
CONTACT NUMBER	
BUSINESS ADDRESS	
POSTAL ADDRESS	
EMAIL ADDRESS	
PLEASE GIVE A BRIEF DECRPTION OF THE COMPANY	
PLEASE LIST THE CORE PRODUCTS / SERVICES THE BUSINESS PROVIDES	

OWNERSHIP DETAILS					
NAME AND SURNAME	I.D NUMBER	GENDER	POSITION	% SHARE	% TIME DEVOTED TO BUSINESS

CONTACT PERSON DETAILS	
NAME AND SURNAME	
CONTACT NUMBER	
EMAIL ADDRESS	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	

COMPANY REGISTRATION AND COMPLIANCE DETAILS (PLEASE INDICATE WITH N/A WHERE NOT APPLICABLE)					
COMPANY REGISTRATION NUMBER					
INCOME TAX NUMBER					
UIF					
VAT					
LETTER OF GOOD STANDING					
SKILLS DEVELOPMENT LEVY					
CIDB / PSIRA					
BANK ACCOUNT DETAILS					
DOES THE COMPANY HAVE A HEALTH AND SAFETY FILE?	<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>				
NO	<input type="checkbox"/>				

BUSINESS INSURANCE					
IS THE BUSINESS INSURED?	<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>				
NO	<input type="checkbox"/>				
PLEASE PROVIDE BRIEF DESCRIPTION IF INSURED (INCLUDING PROFESSIONAL INDEMNITY, PUBLIC LIABILITY COVER, AMOUNT COVERED)					

TURNOVER	
WHEN IS THE FINANCIAL YEAR END OF THE BUSINESS?	
ANNUAL TURNOVER FOR 2017	
ANNUAL TURNOVER FOR 2018	
ANNUAL TURNOVER FOR 2019	

HUMAN RESOURCE					
DOES THE BUSINESS HAVE A CODE OF CONDUCT?	<table border="1"> <tr><td>YES</td><td><input type="checkbox"/></td></tr> <tr><td>NO</td><td><input type="checkbox"/></td></tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>				
NO	<input type="checkbox"/>				
DOES THE BUSINESS HAVE SIGNED EMPLOYEE AGREEMENTS WITH THE STAFF?	<table border="1"> <tr><td>YES</td><td><input type="checkbox"/></td></tr> <tr><td>NO</td><td><input type="checkbox"/></td></tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>				
NO	<input type="checkbox"/>				
HOW MANY STAFF IS EMPLOYED FULL TIME?					
HOW MANY STAFF IS EMPLOYED PART-TIME?					

OPERATIONAL READINESS						
DOES THE COMPANY HAVE ITS OWN BUSINESS PREMISES?	<table border="1"> <tr><td>YES</td><td><input type="checkbox"/></td></tr> <tr><td>NO</td><td><input type="checkbox"/></td></tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
YES	<input type="checkbox"/>					
NO	<input type="checkbox"/>					
DOES THE COMPANY HAVE IT-INFRASTRUCTURE?	<table border="1"> <tr><td>YES</td><td><input type="checkbox"/></td></tr> <tr><td>NO</td><td><input type="checkbox"/></td></tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
YES	<input type="checkbox"/>					
NO	<input type="checkbox"/>					
BRIEFLY DESCRIBE THE ASSETS (VEHICLES, EQUIPMENT AND INFRASTRUCTURE) OF THE BUSINESS						
PLEASE RATE THE POTENTIAL OF THE BUSINESS TO EXPAND. (1 BEING LESS LIKELY AND 5 BEING MOST LIKELY)	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
PLEASE MOTIVATE YOUR A ABOVE						
WHAT DOES THE BUSINESS REQUIRE TO EXPAND?						

<p>WHAT ARE THE GREATEST CHALLENGES THE BUSINESS IS FACING?</p>	

MANAGEMENT AND KEY STAFF MEMBERS			
NAME AND SURNAME	POSITION	QUALIFICATION (HIGHEST SCHOOLING COMPLETED / DEGREE / DIPLOMA)	EXPERIENCE (INCLUDES PREVIOUS WORK / MANAGEMENT EXPERIENCE)


TRACK RECORD (Please provide a list of current or previous contracts / projects completed)				
CUSTOMER NAME	CONTRACT / PROJECT DESCRIPTION	CONTRACT / PROJECT START AND COMPLETION DATE	WAS THE CONTRACT / PROJECT COMPLETED ON TIME? IF NOT, GIVE REASONS:	ESTIMATED CONTRACT / PROJECT VALUE




Please motivate why you think the business should be part of the Khumo Programme. (Maximum of 300 words.)

## DECLARATION

Your application form must be signed by an authorised representative of the business.

I hereby duly declare that:

1. I am authorised to sign this declaration on behalf of \_\_\_\_\_  
(name of business)
2. The information provided herein is true and correct to the best of my knowledge.
3. I understand that this declaration is binding on my conscience, and that any inaccuracy or misrepresentation of facts is a criminal offence.

Signature \_\_\_\_\_

Full name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

## SECTION C

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Please submit the completed application form at [info@khumoprogramme.co.za](mailto:info@khumoprogramme.co.za) or at the Phil 4 Consulting office at 43 Gemsbok Street, Kathu, no later than 13:00 on Friday **25 October 2019** together with the following documentation:

- Customer Reference List Containing at Least 3 References.
- CV's of Owners and Management
- Proof of Address: Business
- Certified RSA ID Copies of Owners

For enquiries please call Mrs Conny Gwai at 079 642 9983 or Ms Chesity McGowan at 065 957 5067. Please note that the completion of the form does not automatically include your company in the programme. Only successful applicants will be contacted.