



# CLIENT NEEDS APPLICATION FORM

Ref no: 0000

## BUSINESS SERVICES APPLICATION FORM

By submitting this completed form you hereby grant ECDC permission to capture this data as part of its client database and acknowledge that this does not in any bind the ECDC to future support.

### 1. PERSONAL DATA MAJORITY SHAREHOLDER (%)

*Name of owner/s:			
*Gender		*Race	
*Age/s:		*Identity Number	
% Shareholding		Telephone Number/Cell	
Physical Address:			
*Name of owner/s:			
*Gender		*Race	
*Age/s:		*Identity Number	
% Shareholding		Telephone Number/Cell	
Physical Address:			

### 2. BUSINESS DETAILS

*Registered Business Name:	
Trading Name	
Date commenced trading	
Physical Address:	
*Postal Address:	
*Contact Person/s	
*Tel No. & Area Code:	
*Fax No. & Area Code:	
*Cell No:	
*Email address of Contact person	
*Website URL	

*Type of Company Tick (X)	Sole Trader	Partnership	Close corp.	(Pty) Ltd	Other
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If Other (please specify)									
*Main Industry/ Sector of Business									
*Professional Membership Details									
*Name of your account/auditor & his/her contact phone numbers									
*How many years in operation:									
*Provide Services you offer: (Be specific & List Keywords)									
*Total Number Of Current Employees:	Black		White		Asian		Coloured		Total
Male/Female									
* Total number of employess Twelve months ago									
* Estimated earnings after interest, tax, depreciation and ammortization (EAITDA) for current financial year									
* Estimated Average Turnover per Annum for previous financial year									

### 3. ENTREPRENEUR (S) INFORMATION

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Highest Level of Education

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Other formal qualifications/training received

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Years of work experience in own business

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Years of work experience in other businesses

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Last position held

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Names and phone numbers of three business references	Sole Trader	Reference 1	Reference 2	Reference 3
	Name			
	Organisation			
	Position			
	Phone no.			

#### 4. LEGAL STATUS

*Vat Registration No. (if applicable)				
*Business Registration No.				
*SARS Tax Registration No.				
*UIF Registration No.				
*Skills Levy Registration No.				
*Plans for registration if not already registered (please attach copies)				
*Business/Company Profile Attached?	Yes		No	
Business Registration Forms Attached?	Yes		No	
Business Tax Clearance Certificate Attached?	Yes		No	
Business VAT Registration Certificate Attached?	Yes		No	
Entrepreneur's ID Document				

#### 5. B-BBEE STATUS

*Category	Start Up Enterprise (In first year of incorporation or formation)							
	Exempt Micro Enterprise (Turnover >R5m)							
	Qualifying Small Enterprise (Turnover between R5 – R35m)							
	Generic Enterprise (Turnover <R35m)							
*B-BBEE Contribution level	1	2	3	4	5	6	7	8

## 6. ADDITIONAL INFORMATION

*Joint Venture Partners (if applicable)	
*List of main clients, deliverables & period	

## 7. BUSINESS SERVICES SUPPORT INFORMATION

Main reason for approaching the ECDC (and not another institution)?		
Entrepreneur's statement of main business problem being experienced?		
Details of other business support already received, or applied for, including name of organisation, contact name and number of person at organisation(s), type of support received or applied for	Organisations approached	
	Name of staff and phone numbers	
	Type of support applied for or received	
	Status of support (past, current, future)	
	Other	

Signature Company Representative:

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Position:

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Contact Number:

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