



AGROPROCESSING SUPPORT APPLICATION FORM

The objectives of the Agroprocessing Fund are as follows:

- To promote entry and participation of previously disadvantaged individuals and township enterprises to participate in the entire agricultural value chains, through provision for funding to:
 - Establish viable agro-processing projects by procuring the appropriate infrastructure, machinery and equipment; and
 - Promote enterprise development initiatives through value add and agro-processing including those located in townships.

- To ensure that there is an increased number of previously disadvantaged people who own, manage and control sustainable enterprises in the agriculture sector and that there is improved participation by enterprises throughout the entire sector's value chains.

Mandatory documents

- Twelve (12) months audited financial statement (Balance sheet, Income Statement and Cash flow Statement)
- Business plan of the company

Please note the following:

- The information provided on this application shall be kept strictly confidential and will be used for the purpose of this application only.
- Applications without audited financial statements for at least twelve months and business plans with 3 -5 years financial projections will not be processed and will be returned to the Provincial Department of Agriculture/applicant. Kindly refer to the checklist (Annexure 1) at the back of this application form for minimum documents required to accompany this application.
- Applications to be submitted to the nearest Regional Office of GDARD.
- Should you require further information with regard to the Gauteng Agroprocessing fund, please visit the nearest Regional Office or alternatively, the following website: www.gdard.gov.za

| FOR OFFICE USE ONLY | | | | |
|--|--------------------------------|-------------------------------|------------------------------|--------------------|
| Received by | | Date | | Resubmission (Y/N) |
| Have all documents as per the checklist submitted? (Y/N) | | | Qualify /Meet criteria (Y/N) | |
| PROGRESS (Y/N) | | | | |
| Referred back to the Province | Undergoing internal assessment | Awaiting additional documents | Presented to the Committee | |
| Recommended for due diligence | Recommended for approval | Approved | | |

SECTION A: COMPANY INFORMATION

(To be completed by applicant/s)

COMPANY DETAILS

| | | | | | | | | | | | |
|--|---------------------------|---------------------------------|----------------------------------|---|-----------|---|---|---|---|------|---|
| CIPC Registered Name | | | | | | | | | | | |
| Trading Name | | | | | | | | | | | |
| Main Business Activity(s) | | | | | | | | | | | |
| Type of Business (e.g. Pty (Ltd), Cooperative, Trust, CC, etc) | | Industry (Sector) (Mark with x) | Fruit and veg | | | | | | | | |
| | | | Grains | | | | | | | | |
| | | | Poultry | | | | | | | | |
| | | | Red meat | | | | | | | | |
| | | | Piggery | | | | | | | | |
| Registration Number | | Registration Date | | D | D | M | M | C | C | Y | Y |
| VAT Registration Number | | Tax Reference Number | | | | | | | | | |
| Period in Business | | | | | | | | | | | |
| Telephone Number | | () - | Fax Number | | () - | | | | | | |
| E-mail Address | | | | | | | | | | | |
| Physical Address | | | | | | | | | | | |
| | | | | | | | | | | Code | |
| Postal Address | | | | | | | | | | | |
| | | | | | | | | | | Code | |
| Local Municipality | | | | | | | | | | | |
| District Municipality/Metro | | | | | | | | | | | |
| Location (Area) | | | | | | | | | | | |
| Number of Beneficiaries | Total | | Number of current employees | | Permanent | | | | | | |
| | Women | | | | Casual | | | | | | |
| | Youth | | Number of new jobs to be created | | Permanent | | | | | | |
| | Persons with disabilities | | | | Casual | | | | | | |
| | Military veterans | | | | | | | | | | |
| | Farmworkers | | | | | | | | | | |

SECTION B: REQUIRED FUNDING

CONTACT PERSON FOR THE APPLYING ENTITY

| | | |
|----------------------|------------|---------------------|
| Title(Prof/Dr/Mr/Ms) | Surname | Name(s) |
| Designation / Role | | |
| Contact Number (s) | Cell () - | Tel () - Fax () - |
| E-mail Address | | |

CONDITIONS FOR FUNDING (please respond by ticking the appropriate box)

| Investment required for the total transaction | R | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------|----------------|-----|------|----------------|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|----|--|--|
| Breakdown of investment required | Infrastructure | R | | | | | | | | | | | | | | | | | | | | | |
| | Equipment and machinery | R | | | | | | | | | | | | | | | | | | | | | |
| | Other (please specify) | R | | | | | | | | | | | | | | | | | | | | | |
| Purpose and / or utilisation of the funds (Cost breakdown per items) is as follows: | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>No.</th> <th>ITEM</th> <th>COST BREAKDOWN</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td></tr> </tbody> </table> | | | No. | ITEM | COST BREAKDOWN | 1. | | | 2. | | | 3. | | | 4. | | | 5. | | | 6. | | |
| No. | ITEM | COST BREAKDOWN | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | | | | |
| Is/are the applicant(s) Black South African(s) citizen with a valid identity document(s) | Yes | No | | | | | | | | | | | | | | | | | | | | | |
| Is the business 51% or more black owned? | Yes | No | | | | | | | | | | | | | | | | | | | | | |
| Has the business been operating for at least the past twelve months | Yes | No | | | | | | | | | | | | | | | | | | | | | |
| Do you have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation of Agro-processing Fund? | Yes | No | | | | | | | | | | | | | | | | | | | | | |
| What is the current annual turnover of the applying entity? | R | | | | | | | | | | | | | | | | | | | | | | |
| Would an EIA be required in terms of the schedules provided in the National Environmental Management Act 107 of 1998 | | | | | | | | | | | | | | | | | | | | | | | |

START-UP AND EXISTING VALUE ADDING / AGRO-PROCESSING BUSINESS (ES)

OWN CONTRIBUTION

| Description | Amount | Source |
|-------------|--------|--------|
| | | |

SECTION C: DECLARATION BY THE APPLICANT/S

This is to certify that,

| |
|---|
| I/We (Name) |
| (Capacity) |
| ID number |
| representing (Legal Entity) registration number |
| |

declare that, all the information provided by me/us as applicant/s on this form is true and correct and that all the necessary documents required to process this application are attached as per the checklist appended to this

application. Furthermore, should this application be successful, I/We will be able to pay 10% own contribution of R.....

(Amount in words).....

| APPLICANT | | | | | | | | |
|----------------------------------|-------------|---|------------|---|------------|---|---|---|
| Surname | | | | | | | | |
| Full Name (s) | | | | | | | | |
| Designation and / or role | | | | | | | | |
| Contact details | Cell () | - | Tel () | - | Fax () | - | | |
| E-mail address | | | | | | | | |
| Signature | | | | | | | | |
| Place | | | | | | | | |
| Date | D | D | M | M | C | C | Y | Y |

ANNEXURE 1: CHECKLIST FOR NEW APPLICATIONS (Please tick the appropriate box)

| AGRO-PROCESSING / VALUE ADDING DEALS | ✓ |
|---|---|
| Verify report that the applicant is directly linked in the commodity / industry in which they want to invest | |
| Completed and signed application form | |
| Business plan of the applicant(s) | |
| CVs or profile of Directors / Shareholders / Trustees | |
| Valid ID copies of the applicant(s) (Certified by the Commissioner of Oath at SAPS) | |
| Registration certificates of the applicant(s) | |
| Constitutional and / or founding documents must be provided such as Memorandum of Incorporation | |
| Twelve months audited financial statements (Balance sheet, income and cash flow statements) for applicant(s) and five (5) year financial projections | |
| Valid original Tax Clearance certificates for applicant(s) | |
| Off take agreement(s) / letter(s) of intent / market contract | |
| Environmental Impact Assessment (EIA) where applicable | |
| Architectural Plans/ designs/ drawn to scale/ BOQ's | |
| Declaration by the applicant(s) committing to pay own contribution | |
| Annual returns by CIPC (to verify status of the enterprise) | |
| B-BBEE certificate for the applicant(s) except for Exempted Micro Enterprises who may provide a affidavit or Companies and Intellectual Property Commission (CIPC) issued certificate | |
| Letter of mandate to represent company | |
| In case of a Trust or Cooperative authorising you to represent the cooperative, | |
| Bank Guarantee for Own Contribution (10%) | |
| Specifications/ quotations for the cost items in case of equipment and machinery | |