Take the first step

sefa Product Application Form

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Small Enterprise Finance Agency

About us

The Small Enterprise Finance Agency (**sefa**) is a development finance institution established in 2012 with a mandate to provide access to finance to SMMEs. We are a wholly owned subsidiary of the Industrial Development Corporation (IDC) and provide funding ranging from R500 to R5 million to SMMEs.

Our mandate

To be the leading catalyst in developing sustainable Survivalist, Micro, Small and Medium enterprises by making available financial aids.

Our mission

Our involvement with SMMEs extends beyond the financial commitments we make. We invest in businesses where we can serve as a strategic financial partner; significantly contribute to their growth and create lasting enterprise value.

Our mission is therefore to provide access to finance to small businesses throughout South Africa by delivering tailor-made funding solutions and developing innovative finance products and channels to speed-up and increase market participation in the provision of affordable finance.

Our portfolio of products

We offer the following products directly to SMMEs:

- Asset Finance ;
- Bridging Loans
- Revolving Loans; and
- Term Loans;

We also offer the following wholesale products:

- On-Lending Facilities to intermediaries e.g. Co-operative Financial Institutions (CFIs), Retail Financial Intermediaries (RFIs) and Micro-Finance Intermediaries (MFIs);
- Credit Indemnity Schemes to Financial Institutions ;
- Land Reform Empowerment Facilities to Financial Institutions;
- Structured Finance Solutions; and
- Specialised Funds and Joint Ventures

**This application form can be completed to apply for Direct Lending products only. For Wholesale Lending products you only need to submit a business plan.*

Contents of this application form

For ease of completion this form is broken down into sections. Take time and give us as much detail about your business as you can to help us process your application faster.

SECTION A – COMPANY INFORMATION (To be completed by borrowing legal entity.) **Page 1**

SECTION B – PERSONAL INFORMATION (To be completed by each shareholder / trustee of the borrowing legal entity e.g. Pty Ltd, Ltd, Trust, etc.) **Page 5**

SECTION C – SURETY FORM (To be completed by the sureties of the borrowing entity.) **Page 11**

ANNEXURE 1 – CHECKLIST FOR NEW APPLICATION **Page 15**

ANNEXURE 2 – QUALIFICATION CRITERIA **Page 16**

SECTION A
COMPANY INFORMATION

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COMPANY DETAILS

CIPC Registered Name:	
Trading Name:	
Type of Business:	
Industry (Sector):	
Registration Number:	
Registration Date:	
Telephone Number:	( ) -
Fax Number:	( ) -
E-Mail Address:	
VAT Registration Number:	
Tax Reference Number:	
Business Address:	
Postal Address:	
Period in Business (Years):	
Number of Current Employees:	
New jobs expected to be created:	
How did you know about **sefa**? (Tick applicable box)	Roadshow ☐ Radio ☐ Word of Mouth ☐ Outdoor Advertising (e.g. Billboard, Pamphlet, etc) ☐ Print Media (e.g. Magazine, Newspaper advert, etc) ☐ Other (please specify):
Should your application for finance be approved, state your preferred language in which you would prefer your loan agreements to be drawn. The language you choose must fall within the eleven officially recognised languages in South Africa. (Specify Language).	
Indicate how you would prefer to receive copies for your legal documents. (Tick applicable box)	
Collecting in person at our offices? ☐ By post (Give postal address) ☐	
By fax (Specify fax number) ☐ ( ) - By email (State email address) ☐	
By courier service at your own cost (Give more details) ☐	

CONTACT PERSON

First Name(s):	
Surname:	
Contact Number(s):	Cell: ( ) - Tel: ( ) - Fax: ( ) -
E-Mail:	
Residential Address:	
Postal Address:	

MEMBERS/SHAREHOLDER DETAILS

Full Names	Percentage Shareholding

COMPANY BRIEF BACKGROUND INFORMATION

FINANCIAL INFORMATION[1]

Total Finance Required:	R
Owners' Contribution (Unencumbered):	R
Purpose of Funds:	
Financial Year End of Business (dd-mm-yyyy):	

Periodic Abridged Financial Statements (Not appliacble to Start-up businesses)

	Current Financial Year	Previous Financial Year	Previous Financial Year	Previous Financial Year	Previous Financial Year
Gross Turnover:	R				
Gross Profit:	R				
Gross Operating Expenses:	R				
Net Profit:	R				
Assets and Liabilities					
Total Value of Fixed Assets:	R				
Total Value of Current Assets:	R				
Total Value of Current Liabilities:	R				
Total Value of Long Term Liabilities:	R				
Networth:	R				

[1] *Please attach financial statements – if available*

REFERENCES

Trade

Name of Contact Person:						
Name of Business:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						
Type of Account (cash or credit):						

Name of Contact Person:						
Name of Business:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						
Type of Account (cash or credit):						

Banking

Name of Bank:	
Branch:	
Type of Account:	
Account Number:	
Facilities:	
Security Held by Bank:	

Name of Bank:	
Branch:	
Type of Account:	
Account Number:	
Facilities:	
Security Held by Bank:	

Professional

Name of Accounting Officer:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						

Name of Legal Firm:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						

DECLARATION AND CONSENT

I/we, the undersigned, declare that the information provided in this application form is to the best of my knowledge true and complete. I also understand that any wilful misrepresentation of the information in this form will disqualify my/our application and may lead to legal action against me/us and/or the institution that I/WE represent.

I/we, give the Small Enterprise Finance Agency (SOC) Ltd (**sefa**) permission to check my records with any credit reference agency and to carry out fraud prevention checks and to share information relating to this application through the South African Fraud Prevention Service (SAFPS) or any other relevant authority.

Full Name(s):	
Surname:	
Designation:	
Signature:	
Place:	
Date:	

Full Name(s):	
Surname:	
Designation:	
Signature:	
Place:	
Date:	

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MEMBER/SHAREHOLDER/PARTNER DETAILS

Surname:					
First Names:					
I.D. No.:					
Gender: (Tick applicable box)	Male		Female		Nationality (Citizenship):
Involvement in Business (Active or Silent Partner):					
If Active Partner - Operational Responsibility:					

Residential Address:		Postal Address:	
	Code:		Code:

Number of Years at Residential Address:	
Previous Residential Address (if less than 5 years at current address):	
Shareholding in Entity Applying for Funding (%):	

Tel (H):	( ) -	Tel (B):	( ) -	Fax:	( ) -
Cell:	( ) -	Email:			

Marital Status: (Tick applicable box)	Single		Married in community of property		Married out of community of property		Other

If Other, Provide Details:			
Number of Dependants:	Age:		
Next of Kin: (not staying with you)	First Name(s):		
Surname			

Residential Address:		Contact Details:	
		Tel:	( ) -
		Cell:	( ) -
	Code:	Email:	
Relationship to Applicant:			

PREVIOUS EXPERIENCE AND CAREER HISTORY

Employer	Position	Period

IF EMPLOYED

Name and Address of Employer:	
Period of Employment:	
Position Held:	
Salary:	R

REFERENCES

Trade

Name of Contact Person:						
Name of Business:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						
Type of Account (cash or credit):						

Name of Contact Person:						
Name of Business:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						
Type of Account (cash or credit):						

Banking

Name of Bank:	
Branch:	
Type of Account:	
Account Number:	
Facilities:	
Security Held by Bank:	

Name of Bank:	
Branch:	
Type of Account:	
Account Number:	
Facilities:	
Security Held by Bank:	

Professional

Name of Accounting Officer:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						

Name of Legal Firm:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						

MONTHLY INCOME AND EXPENDITURE STATEMENT

Net Salary (Income):	R
Other Income (please specify):	R
Other Income (please specify):	R
TOTAL INCOME:	R

TOTAL EXPENSES:	**R**
Bank Charges:	
Mortgage Bond(s):	
Donations:	
Entertainment:	
Clothing Account(s):	
Cellular Phone Contract(s):	
Domestic Worker:	
Education Fees:	
Groceries:	
School Transport:	
Water and Lights:	
Rates and Taxes:	
Subscriptions (TV, Papers, etc.):	
Investments:	
Life Policies:	
Petrol:	
Short Term Insurance:	
Landline Rental:	
Alarm and Tracking Contracts:	
Other (please specify):	
Other (please specify):	
Other (please specify):	

SURPLUS (DEFICIT):	

INCOME

If Employed			
Name of Employer:			
Address:			
Position Held:			
Salary:	R	Period of Employment:	
If Self-Employed			
Name of Business:			
Address:			
Nature of Business:			
Drawings:		Period Business in Existence:	

STATEMENT OF ASSETS AND LIABILITIES

Assets	**R**	**Liabilities**	**R**
Residential Property(ies):		Mortgage Bond(s):	
Motor Vehicle(s):		Vehicle Finance:	
Household Effects:		Personal Loans:	
Equity in Businesses:		Other Liabilities (please specify):	
Other (please specify):			
		Net Equity:	
Total Assets:		**Total Liabilities:**	

PERSONAL RECORD

	YES (Tick applicable box)	NO
1. Are you currently undergoing debt counselling or do you have a pending debt counselling application?		
2. Are you undergoing debt restructuring?		
3. Have you ever been sequestrated		
4. If so, have you been rehabilitated		
5. Have you ever been found guilty of a criminal offence		
6. Have you ever reached a compromise with creditors or had repayment problems		
7. Have you ever been summoned or had judgements taken against you		
8. Have you signed surety for anyone else		
9. Kindly give details in respect of any YES answers above		

DECLARATION AND CONSENT

I, the undersigned, declare that the information provided in this application form is to the best of my knowledge true and complete. I also understand that any wilful misrepresentation of the information in this form will disqualify my/our application and may lead to legal action against me/us and/or the institution that I/WE represent.

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Full Name(s):	
Surname:	
Designation:	
Signature:	
Place:	
Date:	

SPOUSE'S DECLARATION AND CONSENT (If married in community of property)

I have obtained my spouse's consent to enter into this Credit Facility and for credit check with any credit reference agency. I understand that I will be liable for fraud should I falsely declare my spousal consent.

Full Name(s): of spouse	
Surname:	
Signature:	
Place:	
Date:	

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MEMBER/SHAREHOLDER/PARTNER DETAILS

Surname:							
First Names:							
I.D. No.:							
Gender: (Tick applicable box)	Male		Female		Nationality (Citizenship):		
Involvement in Business (Active or Silent Partner):							
Residential Address:					Postal Address:		
		Code:				Code:	
Number of Years at Residential Address:							
Previous Residential Address (if less than 5 years at current address):							
Shareholding in Entity Applying for Funding (%):							
Tel (H):	( ) -		Tel (B):	( ) -		Fax:	( ) -
Cell:	( ) -		Email:				
Marital Status: (Tick applicable box)	Single		Married in community of property		Married out of community of property		Other
If Other, Provide Details:							
Number of Dependants:		Age:					
Next of Kin: (not staying with you)		First Name(s):					
Surname							
Residential Address:					Contact Details:		
					Tel:	( ) -	
					Cell:	( ) -	
		Code:			Email:		
Relationship to Applicant:							

REFERENCES

Trade

Name of Contact Person:						
Name of Business:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						
Account Number:						
Type of Account (cash or credit):						

Name of Contact Person:						
Name of Business:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						
Account Number:						
Type of Account (cash or credit):						

Banking

Name of Bank:	
Branch:	
Type of Account:	
Account Number:	
Facilities:	
Security Held by Bank:	

Name of Bank:	
Branch:	
Type of Account:	
Account Number:	
Facilities:	
Security Held by Bank:	

Professional

Name of Accounting Officer:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						

Name of Legal Firm:						
Contact Number(s):	Cell:	( ) -	Tel:	( ) -	Fax:	( ) -
Email Address:						

PERSONAL RECORD

	YES (Tick applicable box)	NO
1. Are you currently undergoing debt counselling or do you have a pending debt counselling application?		
2. Are you undergoing debt restructuring?		
3. Have you ever been sequestrated		
4. If so, have you been rehabilitated		
5. Have you ever been found guilty of a criminal offence		
6. Have you ever reached a compromise with creditors or had repayment problems		
7. Have you ever been summoned or had judgements taken against you		
8. Have you signed surety for anyone else		
9. Kindly give details in respect of any YES answers above		

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Full Name(s):	
Surname:	
Designation:	
Signature:	
Place:	
Date:	

Full Name(s):	
Surname:	
Designation:	
Signature:	
Place:	
Date:	

ANNEXURE I
CHECK LIST FOR NEW APPLICATIONS

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TERM LOAN, ASSET FINANCE & BRIDGING FACILITIES

		(✓)
1.	Application Form	
2.	Surety Form (where applicable)	
3.	Certified copy of ID and that of Spouse (if married In Community of Property [ICOP])	
4.	Marriage certificate (where applicable)	
5.	Short CV of the members/directors/ shareholders/ trustees, etc.	
6.	Proof of residence – utility bill / sworn affidavit (not older than 3 months)	
7.	Valid Tax Clearance Certificate	
8.	Company Registration Documents e.g. CK2, Company Profile	
9.	Proof of CIPC/CIPRO annual fees	
10.	Six months latest bank statement (personal and business)	
11.	Loan Breakdown	
12.	Supporting quotations (with contact person and banking details of supplier)	
13.	Personal Income and Expenditure Schedule and Assets & Liability Statement	
14.	Proof of own contribution and source (if applicable)	
15.	Member's resolution to apply (if applicable)	
16.	If a judgment, notice, default is issued against the applicant, a letter or document to prove that arrangements are made to settle the account or proof that the account is settled must be provided	
17.	Historic Financial statements (not less than 3 years – if applicable)	
18.	Up to date Management Accounts (if applicable)	
19.	Debtors Age Analysis (if applicable)	
20.	Creditors Age Analysis (if applicable)	

TERM LOANS AND ASSET FINANCE

1.	Business Plan	
2.	Cash flow projections	
3.	Lease agreement (if applicable)	
4.	Franchise Agreement (if applicable)	

BRIDGING LOAN APPLICATIONS

1.	Project plan and projections	
2.	Copy of Contract or Order	
3.	Completion certificate for previous work done (for construction projects only)	
4.	NHBRC and CIDB (for construction projects only)	

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QUALIFICATION CRITERIA

• The majority shareholder(s) must be involved in the day to day running of the business on a full time basis (owner - manager)
• The business must be registered in SA
• The major shareholder must be an SA citizen
• The business must be conducted with a profit motive and be economically viable
• The forecasted cash flow must show the ability to repay the facility (affordibility)
• The owner must display sufficient entrepreneurship, skills and experience directly related to the nature of the business
• Compliance with all relevant laws and regulations
• Demonstrate job creation (potential to create new jobs or sustain existing ones)
• Loan Range R50 000 to R5million

EXCLUSIONS

• Manufacturing and selling of ammunition
• Tobacco, Liquor, Gambling and sex trade
• Non-profit organisations
• Political organisations
• Persons under debt review
• Un-rehabilitated insolvent shareholders and/or directors of applying entities
• Primary agriculture (except cash crops and the applicant must have an off take agreement)
• Speculative property development

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Centurion
Eco-Fusion 5, Block D, 1004 Teak Close, Witch-Hazel Avenue, Eco Park, Centurion, 0157
Tel: (012) 748 9600 | E-mail: helpline@sefa.org.za

Gauteng North Eastern
Tshwane (seda co-location)
Block C, 4th Floor, Old Mutual Building, 536 Schoeman Street, Pretoria
Tel: (012) 441 0480 | E-mail: sefagpnorth@sefa.org.za

Gauteng South Western
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Gauteng East
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Ekurhuleni Business Facilitation Network, Corner Voortrekker & Monument Road Kempton Park
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Eastern Cape
East London
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Tel: (043) 721 1510 | E-mail: sefael@sefa.org.za

Port Elizabeth (seda co-location)
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Suite 4, No 43 Biccard Street, Biccard Park, Poblokwane, 06991
Tel: (015) 294 0900 | E-mail: sefalp@sefa.org.za

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MAXSA Building, Nelspruit, 1200
Tel: (013) 755 3923 | E-mail: sefamp@sefa.org.za

Northern Cape
Kimberley
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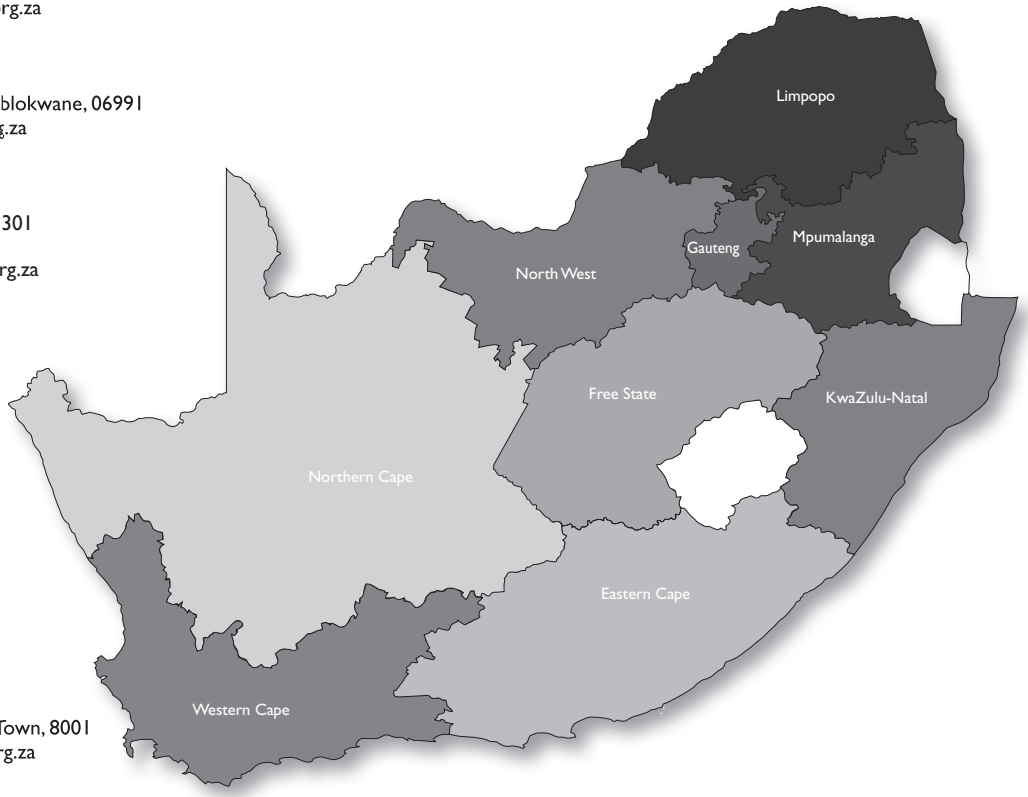
Business Partners Building,
Kimberly, 8301
Tel: (053) 832 2275
E-mail: sefanc@sefa.org.za

North West
Rustenburg
32B Heystek Street,
Sunetco Building, Rustenburg, 0299
Tel: (014) 592 6391
E-mail: sefanw@sefa.org.za

Western Cape
Cape Town
9th Floor, FNB Building, 2 Long Street, Cape Town, 8001
Tel: (021) 418 0126 | E-mail: sefawc@sefa.org.za

Saldanha
Tonyn Street, Saldanha, 7395
Tel: (022) 714 1731 | E-mail: sefawc@sefa.org.za

George
Entrance A, 1st Floor Beacon Place, 124 Meade St., George
Tel: (044) 874 4770 | E-mail: sefawc@sefa.org.za



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For more information or assistance in completing the form:

Call us: 012 748 9600
Email us: helpline@sefa.org.za
Visit us at a Regional Office near you

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www.sefa.org.za

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