

FREE STATE DEVELOPMENT CORPORATION

LOAN APPLICATION FORM

MOTHEO DISTRICT

Head Office
FDC House
33 Markgraaf Cnr Kellner Street
Westdene
Bloemfontein 9301

MOTHEO DISTRICT

Botshabelo
35 Orange Street
9871

THABO MOFUTSANYANA DISTRICT

357 Clubview
Phuthaditjhaba
9866

Fezile Dabi Office

Office No 6
Firchard Building

Firchard Street
Sasolburg
1947

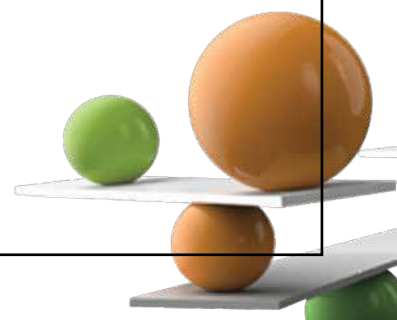
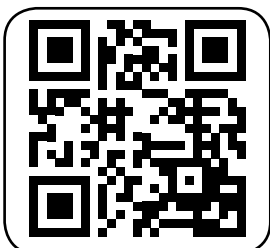
Lejweleputswa Office

Ground Floor Elizabeth House
Elezabeth Street
Welkom
9460

Xhariep Office

Madikgetla
Trompsburg
9913

Scan to download / Fill loan form



SECTION A

BUSINESS INFORMATION

Business name or proposed business name :

Trading Name :

Form of Entity :

Registration No :

PARTNERS / MEMBERS / DIRECTORS / TRUSTEES:

NAME:	SHAREHOLDING:	CITIZENSHIP:	ID NUMBER:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS:

PHYSICAL ADDRESS:

POSTAL CODE:

POSTAL CODE:

TELEPHONE NUMBER

CONTACT NUMBER:

EMAIL ADDRESS:

Brief description of business activities

Trading Licence required ? Yes: No:

If yes a copy of Trading Rights/Licence must be attached.

Management

Name :

Address :

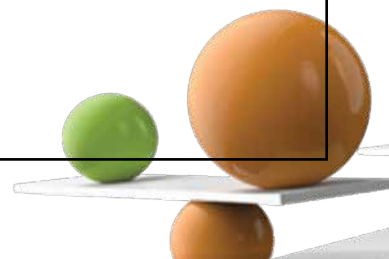
Cell:

E-mail:

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Accountant / Auditors

Name :

Address :

Cell: E-mail:

Bank Details:

ACCOUNT HOLDER

NAME OF BANK:

ACCOUNT NUMBER:

BRANCH CODE :

OVERDRAFT LIMIT

LOAN AMOUNT REQUIRED : _____

PURPOSE : START-UP/ EXPANSION/ BUSINESS TAKEOVER/ BUSINESS PROPERTY ACQUISITION/ OTHER : _____

Security available? Yes: No: IF YES, SPECIFY _____

If yes a copy of Trading Rights/Licence must be attached.

Source and Application of Funds:

	APPLICANT	FDC	OTHER	TOTAL
Land & Buildings				
Vehicles				
Plant and Machinery				
Shop Fittings & Furniture				
Office Fittings & Furniture				
Debtors				
Start-up Costs				
Stock				
Other (Specify)				
Total Financing				

Jobs

Maintained : _____ Created after loan : _____

AUTHORISED PERSON (Attach copy of resolution authorizing signatory, where applicable)

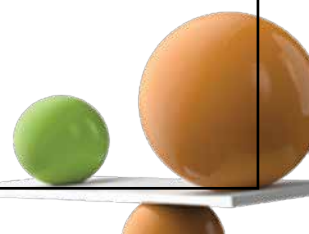
FULL NAMES :

SIGNATURE : _____ DATE: _____

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TRADE REFERENCES

1. FREE STATE DEVELOPMENT CORP :

ACCOUNT NUMBER:

TELEPHONE NUMBER:

2. NAME OF INSTITUTION

ACCOUNT NUMBER:

TELEPHONE NUMBER:

3. NAME OF INSTITUTION

ACCOUNT NUMBER:

TELEPHONE NUMBER:

BRIEF DESCRIPTION OF BUSINESS ACTIVITIES:

Is a Trading Licence Required? (Please indicate with "X")

YES NO

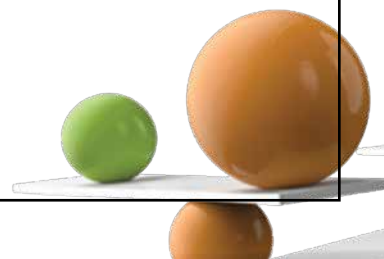
PURPOSE OF LEASING THIS PARTICULAR PROPERTY:

MARKETING PURPOSE:

Where did you hear about us ?

Website Social Media Newspaper Radio

Word of Mouth



FINANCIAL INFORMATION

Please attach the following:

- 1. Latest Financial Statements (of existing concern, if applicable); Annexure 1
- 2. Financial Projections for three (3) years; Annexure 2
- 3. Day 1 Balance Sheet; and Annexure 3
- 4. Cash Flow Statement for Year 1/Income & Expenditure Statement; Annexure 4

FOR OFFICE USE

EXPECTED RENTAL: _____

MARKETING INFORMATION

MAIN COMPETITORS:

MARKET POTENTIAL:

PRODUCTION INFORMATION, IF MANUFACTURER

DETAILED LIST OF MACHINERY, COMMERCIAL VEHICLES AND OFFICE EQUIPMENT:

AVERAGE RAW MATERIAL TO TURNOVER RATIO:

NUMBER OF JOB OPPORTUNITIES DURING THE FIRST THREE (3) YEARS:

MALE

FEMALE

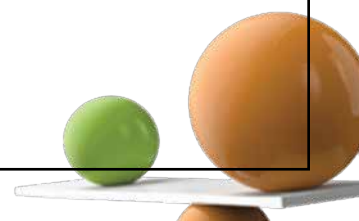
DISABLED

EQUITY PLAN:

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EXPECTED PRODUCTION CAPACITY OF FACTORY:

REQUIRED PRODUCTION SPACE : _____ m²

ADDITIONAL REQUIREMENTS:

RELEVANT EXPERIENCE:

MANAGEMENT INFORMATION

Please attach the following:

- 1. Names, ID numbers / Passport numbers and positions of Top Management; **Annexure 5**

FUNDING

Do you need any form of financial assistance? YES NO

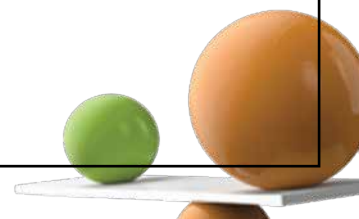
If "yes", how much financial assistance do you require? _____

Who will be the source of financial assistance? _____

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SECTION B

PERSONAL INFORMATION

Surname:

Full Name :

Identity Number : DATE OF BIRTH :

POSTAL ADDRESS:

PHYSICAL ADDRESS:

POSTAL CODE:

POSTAL CODE:

TELEPHONE NUMBER: NUMBER:

CONTACT NUMBER:

EMAIL ADDRESS:

CAREER HISTORY

EMPLOYER	FROM	TO	TYPE OF WORK	LAST POSITION	ANNUAL INCOME

MARITAL STATUS

EMPLOYER	FROM	TO	TYPE OF WORK	LAST POSITION	ANNUAL INCOME

Spouse's details:

Surname : _____

Full Names : _____

Identity Number : _____

No of dependants : _____

Occupation : _____

Income : _____

Next of Kin or Friend:

NAME	PHYSICAL ADDRESS	POSTAL ADDRESS	CONTACT NUMBERS

Life Assurance Policies

ASSURANCE COMPANY	INSURED AMOUNT	TYPE OF POLICY	DATE TAKEN	AVAILABLE AS SECURITY

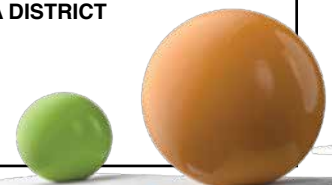
Trade References:

NAME	ACCOUNT NO	ADDRESS	TELEPHONE NUMBERS

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BANKING INFORMATION

ACCOUNT HOLDER

NAME OF BANK:

ACCOUNT NUMBER:

BRANCH NAME :

BRANCH CODE :

SIGNATURE OF ACCOUNT HOLDER :

CONSENT TO CREDIT

I/We _____
 _____ Identity/registration number _____ am/are applying to lease the Free State Development Corporation property. I/We hereby declare that the information herein provided is true and correct. I/We consent to the corporation making enquiries about my/our credit record with any credit bureau and any other party to confirm any or all of the information provided by me/ourselves. I/We further consent to the corporation carrying out identity and fraud prevention checks and sharing information relating to this application through the South African Fraud Prevention Service.

INDIVIDUAL:

Applicant's signature _____

Date _____

Applicant's signature _____

Date _____

Applicant's signature _____

Date _____

ENTERPRISE:

For and on behalf of _____

Signature _____ Identity number _____

Name _____ Date _____

Signature _____ Identity number _____

Name _____ Date _____

Signature _____ Identity number _____

Name _____ Date _____

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ADDITIONAL DOCUMENTATION

Certified copies of the following additional documentation is required with each application:

A. SOLE PROPRIETOR

1. Identity Document
2. Marriage Certificate

B. PARTNERSHIP

1. Identity Document of each Partner
2. Partnership Agreement
3. Resolution

C. COMPANY

1. Identity Document of each Director
2. Certificate of Incorporation
3. Memorandum of Association
4. Resolution
5. Articles of Association
6. Certificate to Commence Business
7. CM 29 - Contents of register of directors, auditors and officers

D. TRUST

1. Identity Document of each Trustee
2. Trust Deed
3. Letter of Authority signed by Master of the Supreme Court
4. Resolution

E. OTHER

Any Agreement, Resolution, and / or other documentation related to the entity.

Individual proof of residential address is compulsory for all members, directors, trustees, partners etc. This proof may be in any of the following forms and the document used may not be older than six months:

- i) Municipality rates & taxes statement;
- ii) Pre-paid electricity receipt;
- iii) Official account statement from retail stores; or
- iv) An affidavit done through an attestation officer.

SMME CONFIRMATION FORM

Please confirm with a tick on the relevant row regarding the sector of your company, number of employees, turnover, total gross asset value

This form should be completed by all clients we serve and provide services to under SMME financing, Property Management and Investment Facilitation

Sector or subsector in accordance with the standard Industrial Classification.	Size of class	The total fulltime equivalent of paid employees LESS THEN	Total turnover LESS THEN	Total gross asset value (fixed property excluded)	Confirmation by the company Name of the company.....
Agriculture	Medium	100	R 5m	R5m	
	Very Small	10	R 0.50m	R0.50m	
	Small	50	R 3m	R3m	
	Micro	5	R 0.20m	R0.10m	
Manufacturing	Medium	200	R 51m	R 19m	
	Small	50	R 13m	R 5m	
	Very Small	20	R0.20m	R 2m	
	Micro	5	R0.20m	R0.10m	
Electricity, Gas and Water	Medium	200	R51m	R19m	
	Very Small	10	R 0.50m	R0.50m	
	Small	50	R 3m	R3m	
	Micro	5	R 0.20m	R0.10m	

Duly constituted in terms of Free State Development Corporation Act 6 of 1995

DIRECTORS: Ms HB Matseke (Chairperson); Messrs PBM Chuene (Deputy Chairpers); V Maharaj; Mr LL Phungo;
Ms TN Sandlana; Mr I Osman (Chief Executive Officer); Ms S Mofoung (Company Secretary)

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Sector or subsector in accordance with the standard Industrial Classification.	Size of class	The total fulltime equivalent of paid employees LESS THEN	Total turnover LESS THEN	Total gross asset value (fixed property excluded)	Confirmation by the company Name of the company
Construction	Medium	200	R 26m	R 5m	
	Very Small	20	R 3m	R 0.50m	
	Small	50	R 3m	R1m	
	Micro	5	R 0.20m	R0.10m	
Retail and Motor Trade and Repair Services	Medium	200	R 39m	R 6m	
	Very Small	10	R 0.50m	R0.60m	
	Small	50	R 19m	R3m	
	Micro	5	R 0.20m	R0.10m	
Wholesale Trade, Commercial Agents and Allied Services	Medium	200	R 64m	R 10m	
	Small	50	R 32m	R 5m	
	Very Small	20	R 6m	R0.60m	
	Micro	5	R 0.20m	R0.10m	
Construction	Medium	200	R 26m	R 5m	
	Very Small	20	R 3m	R 0.50m	
	Small	50	R 3m	R1m	
	Micro	5	R 0.20m	R0.10m	

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Sector or subsector in accordance with the standard Industrial Classification.	Size of class	The total fulltime equivalent of paid employees LESS THEN	Total turnover LESS THEN	Total gross asset value (fixed property excluded)	Confirmation by the company Name of the company.....
Retail and Motor Trade and Repair Services	Medium	200	R 39m	R 6m	
	Very Small	10	R 0.50m	R0.60m	
	Small	50	R 19m	R3m	
	Micro	5	R 0.20m	R0.10m	
Wholesale Trade, Commercial Agents and Allied Services	Medium	200	R 64m	R 10m	
	Small	50	R 32m	R 5m	
	Very Small	20	R 6m	R0.60m	
	Micro	5	R 0.20m	R0.10m	
Catering, Accommodation and other Trade	Medium	200	R 13m	R 3m	
	Small	50	R 6m	R 1m	
	Very Small	20	R 5.10m	R1,90m	
	Micro	5	R 0.20m	R0.10m	

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Transport, Storage and communications	Medium	200	R 39m	R 6m	
	Very Small	10	R 0.50m	R0.60m	
	Small	50	R 19m	R3m	
	Micro	5	R 0.20m	R0.10m	
Finance and Business Services	Medium	200	R 64m	R 10m	
	Small	50	R 32m	R 3m	
	Very Small	20	R 6m	R0.50m	
	Micro	5	R 0.20m	R0.10m	
Community, Social and Personal Services	Medium	200	R 13m	R 6m	
	Small	50	R 6m	R 3m	
	Very Small	20	R 5.10m	R0.60m	
	Micro	5	R 0.20m	R0.10m	

Please ensure that you fully complete the form.

NAME:

SIGNATURE:

DATE:

