



NATIONAL YOUTH DEVELOPMENT AGENCY

Voucher and Grant Client Application Form

Branch Name		
Date of Application <i>(Received by the Branch)</i>		
Client Reference Number	GR no:	BCS no:
Service/s Required	1. 2. 3. 4.	

Note: (i) Section A, B and C are compulsory for both voucher and grant

(ii) If you're applying for a voucher please complete section D or E

(iii) If you're applying for a grant please complete section F

(iv) Section G is applicable for both Grant/Voucher

Please note: All information provided in this application form and any subsequent interactions with the NYDA in strictly confidential

Section A: CLIENT DETAILS	<i>(To be completed by all Applicants)</i>
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Full Names						
Surname						
Identity Number						
Gender <i>(tick ✓the appropriate box)</i>	Female		Male		Age	
Population Group <i>(tick ✓the appropriate box)</i>	African	White	Indian	Coloured	Home language	
Disability Status <i>(tick ✓the appropriate box)</i>	No	Yes	If yes, indicate the disability			
Telephone No:			Fax no			
Cell phone No.			Email			
Physical Address						
					Postal Code	

Postal Address						
	Postal Code					
Province						
Geographic Type	Urban				Rural	
Formal Qualifications						
Training Courses Attended						
Next of Kin						
Physical Address						
Cell No						
Relationship						

Section B: ENTREPRENEURIAL STATUS

(Compulsory for all Applicants)

1. Do you have an existing business that is currently in operation?

 Yes
 No

 Yes
 No

2. Have you ever received any Entrepreneurship Development Training

Job creation information

How many current jobs and/or jobs do you intend to create?

	Before Funding		Disabled		Average Age		After Funding		Disabled		Average Age	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
African												
White												
Indian												
Coloured												
Total												

[If the answer in Question 1 is No, and you want to start a business, but do not have a business idea complete Section C only]

[If the answer in Question 1 is No, and you have a business idea complete Section D and F (if you're applying for a grant)]

[If the answer in Question 1 is yes, please complete Section E and F (if you're applying for a grant)]

Section C: PRE-START-UP (no business idea/ have not started a business)

To be completed by applicants who have not started their business and/or do not have a business idea

1. Why do you want to start a business?

(You can give more than one answer)

- I was retrenched
- I can't find another job
- I want to have my own business
- I have the skills to run a business

- I can make a success of my business
- I do not make enough money where I'm working
- I'm not happy in my current job
- Other

2. Please describe the goals you want to achieve in business

a) _____

Business Experience

3. What type of business experience do you have and what type of business do you want to start?

4. What knowledge or expertise do you have that is relevant to the proposed business?

Section D: START-UP (Have a Business Idea)

Applicants who have a viable business idea to start a business

Business Name: _____

Type of Business: _____

1. Please indicate the Sector in which your business is operating:

Sectors	Mark with an X
Agro Processing	
Construction	
Manufacturing	
Retail	
Service	
Information Communication Technology	
Tourism	
Other: Specify	

2. Please indicate the Legal Entity in which your business is operating:

Close Corporation:

Pty:

Co-ops:

Sole Proprietor

Other:

3. Why do you want to start a business? (You can give more than one answer)

I was retrenched	<input type="checkbox"/>	<input type="checkbox"/>	I can make a success of my business
I can't not find another job	<input type="checkbox"/>	<input type="checkbox"/>	I do not make enough money where I'm working
I want to have my own business	<input type="checkbox"/>	<input type="checkbox"/>	I'm not happy in my current job
I have the skills to run a business	<input type="checkbox"/>	<input type="checkbox"/>	Other

4. Please give a brief description of the idea in terms of:

(a) the type of business; (b) the need the business seeks to satisfy (c) who your potential customers are; (d) where you will operate the business from; and (e) how you will deliver your product or service.

5. Please assess yourself against the following business feasibility requirements:

a. Do you have the management skills/ experience to start the business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure
b. Do you have the technical skills to start the business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure
c. Have you identified your potential customers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure
d. Do you know who your competitors are?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure
e. Do you have the money to cover your start-up costs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure
f. Do you have enough money to cover the operating costs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure
g. Do you have the equipment and machinery required to run the business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure

6. Please indicate the Ownership status in your business :

Name & Surname of Business Partner (incl. Owner)	Position in the Business	Contact Numbers	Disability	Gender	Rural	Race	Ownership %	Signature
1								
2								
3								
4								
5								

Section E: EXISTING BUSINESS

(Applicant who have an existing business)

Business Name: _____

Type of Business: _____

1. Please indicate the Sector in which your business is operating:

Sectors	Mark with an X
Agro Processing	
Construction	
Manufacturing	
Retail	
Service	
Information Communication Technology	
Tourism	
Other: Specify	

2. Please indicate the Legal Entity in which your business is operating:

Close Corporation: Pty: Co-ops: Sole Proprietor

Other: _____

3. Why did you start the business?

I was retrenched	<input type="checkbox"/>	<input type="checkbox"/>	I inherited the business
I can't not find another job	<input type="checkbox"/>	<input type="checkbox"/>	I did not make enough money where I was working
I wanted to have my own business	<input type="checkbox"/>	<input type="checkbox"/>	Unhappiness with previous work
I have the skills to run a business	<input type="checkbox"/>	<input type="checkbox"/>	I enjoy being in business

4. Please provide a brief description your business in terms of:

(a) the type of business; (b) the need the business addresses (c) who your customers are; (d) where you operate the business from; and (e) how you deliver your products or services.

5. How long has the business been in operation and trading?

<input type="checkbox"/>	Less than 12 months	<input type="checkbox"/>	5 – 6 years
<input type="checkbox"/>	1 – 2 years	<input type="checkbox"/>	6 – 7 years
<input type="checkbox"/>	3 – 4 years	<input type="checkbox"/>	8 – 10 years
<input type="checkbox"/>	4 – 5 years	<input type="checkbox"/>	More than 10

6. How many people (including yourself) are employed in the business?

5. Please indicate how many are:

<input type="text"/>	Disabled	<input type="text"/>	Male	<input type="text"/>	Female
<input type="text"/>	Coloured	<input type="text"/>	Indian	<input type="text"/>	White
<input type="text"/>	African				

6. Has there been a change in the number of people employed in the business over the last 12 months?

Increased Decreased No change

Reason: _____

7. Please provide an estimate of your annual turnover

(total amount of income)

<input type="checkbox"/>	Less than R20 000	<input type="checkbox"/>	R300 000 – R499 000
<input type="checkbox"/>	R20 000 – R49 999	<input type="checkbox"/>	R500 000 – R999 999
<input type="checkbox"/>	R50 000 – R99 999	<input type="checkbox"/>	R1 – R2 million
<input type="checkbox"/>	R100 000 – R149 999	<input type="checkbox"/>	R2 – R3 million
<input type="checkbox"/>	R150 000 – R199 999	<input type="checkbox"/>	R3 – R4 million
<input type="checkbox"/>	R200 000 – R299 999	<input type="checkbox"/>	More than R5 million

8. Has there been a change in the turnover of the business over the last 12 months?

Increased Decreased No change

Reason: _____

9. Do you have a separate bank account for the business?

Yes No

10. Please indicate how you started the business:

I started it myself	<input type="checkbox"/>	I bought the business	<input type="checkbox"/>
I started the business with a partner(s)/ friend(s)	<input type="checkbox"/>	I took it over from someone in the family	<input type="checkbox"/>

11. Where did you get the money to start your business?

I used my personal savings	<input type="checkbox"/>	I borrowed money from a bank	<input type="checkbox"/>
I received a government grant	<input type="checkbox"/>	I borrowed money from an employer	<input type="checkbox"/>
I used money I received from friends and family	<input type="checkbox"/>	I borrowed money from a money lender (mashonisa)	<input type="checkbox"/>
I received a donor grant	<input type="checkbox"/>	I borrowed money from a government agency	<input type="checkbox"/>
I received the money from an investor	<input type="checkbox"/>		

12. Describe the premises your business operates from:

Street or street corner	<input type="checkbox"/>	<input type="checkbox"/>	Incubator or business hive
Stall in a market place	<input type="checkbox"/>	<input type="checkbox"/>	Back yard
From a container	<input type="checkbox"/>	<input type="checkbox"/>	Standalone shop
I sell door to door	<input type="checkbox"/>	<input type="checkbox"/>	Shop in a complex
House	<input type="checkbox"/>	<input type="checkbox"/>	Part of an office block
Part of a house	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

13. Do you own or rent the premises? Own Rent

14. Please describe the area in which the business operates: _____

15. Indicate with an X in which of the geographical location is your business and the business sector in which it operates:

15.1 Geographical Location:

Urban	Rural
<input type="checkbox"/> City Centre / Town Centre	<input type="checkbox"/> Rural area
<input type="checkbox"/> Suburb	<input type="checkbox"/> Village
<input type="checkbox"/> Township	<input type="checkbox"/> Rural farm area
<input type="checkbox"/> Informal Area/Shack settlement	<input type="checkbox"/> Small holding
<input type="checkbox"/> Hostel	<input type="checkbox"/> Informal Settlement

15.2 type of business sector:

Tourism	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturing
Information, Communication and Technology	<input type="checkbox"/>	<input type="checkbox"/>	Wholesale and Retail trade
Construction	<input type="checkbox"/>	<input type="checkbox"/>	Agriculture, hunting, forestry and fishing
Mining and Quarrying	<input type="checkbox"/>	<input type="checkbox"/>	Transport and Storage
Community, Social and Personal Services	<input type="checkbox"/>	<input type="checkbox"/>	Private Households, exterritorial organisations
Financial, Intermediation Insurance, Real Estate and Business Services	<input type="checkbox"/>	<input type="checkbox"/>	If other specify
Electricity, Gas and Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____

16. How would you describe the growth of the industry sector in which you operate?

Growing Growing moderately Growing strongly In decline

17. Does your business comply with industry registration requirements?

Yes

No

Not sure

None Applicable

18. How many business start-ups have you been involved in?

Only this one

2

3

More than 3

19. Did you previously work in the industry sector or type of business you currently run?

Yes

No

If yes, for how long?

Less than 1 year

2 – 3 years

3 – 5 years

More than 5

20. How many years of business management experience do you have?

Less than 1 year

2 – 3 years

3 – 5 years

more than 5

21. Rate the business out of 5 in terms of the knowledge and skills of the business owner and staff, in the following business skills: *Note that: 1 = very poor; 2 = poor; 3 = average; 4 = good; 5 = very good*

Business planning	<input type="checkbox"/>	<input type="checkbox"/>	Operations
Business management and administration	<input type="checkbox"/>	<input type="checkbox"/>	Computer skills
Financial management	<input type="checkbox"/>	<input type="checkbox"/>	Customers service
Marketing and sales	<input type="checkbox"/>	<input type="checkbox"/>	Procurement and tendering
Research	<input type="checkbox"/>	<input type="checkbox"/>	Managing suppliers
Legal expertise	<input type="checkbox"/>	<input type="checkbox"/>	People management

22. Please describe your business goals for the future:

23. Please indicate what type of business development assistance you need (you can tick more than one service):

- | | | | |
|------------------------------------|--------------------------|--------------------------|--|
| 1. Business Feasibility | <input type="checkbox"/> | <input type="checkbox"/> | 7. Business Operations |
| 2. Due Diligence | <input type="checkbox"/> | <input type="checkbox"/> | 8. Business Re-engineering |
| 3. Business Plan | <input type="checkbox"/> | <input type="checkbox"/> | 9. Marketing Strategy & Plan |
| 4. Branding of Marketing Material | <input type="checkbox"/> | <input type="checkbox"/> | 10. Financial Management (Accounts & Policies) |
| 5. Printing of Marketing material | <input type="checkbox"/> | <input type="checkbox"/> | 11. Financial & Accounting Systems |
| 6. Website Development and Hosting | <input type="checkbox"/> | <input type="checkbox"/> | 12. Payroll System |

24. Describe how this assistance is likely to improve your business:

25. Are you able to investment time, financial and other resources in improving your business?

Yes No

Explain further: _____

26. Please indicate the Ownership status in your business:

Name & Surname of Business Partner (incl. Owner)	Position in the Business	Contact Numbers	Disability Status	Gender	Rural / Urban	HDI	Race	Ownership %
1								
2								
3								
4								
5								

Section F: START OR EXISTING BUSINESS (Grants)

Business Name: _____

Type of Business: _____

27 Please indicate the Sector in which your business is operating:

Sectors	Mark with an X
Agro Processing	
Construction	
Manufacturing	
Retail	
Service	
Information Communication Technology	
Tourism	
Other: Specify	

28 Please indicate the Legal Entity in which your business is operating:

Close Corporation: Pty: o-ops: Sole Proprietor

Other: _____

Utilization of funds (Grant)

Grant Amount required	R								
To be utilized as follows								R	

Equipment																	
Vehicles																	
Total																	

Section G
Supporting documents for application

Required supporting documents for voucher and Grant

1	Certified Identity document Copy (stamp not older than 3 months)	
2	Proof of Residence	
3	Copy of Company Registration from CIPC, if registered	
4	Company Profile	
5	Detailed list of the current employees	
6	Personal Bank Statement or Business Bank Statement	
7	Business Plan if looking for grant >R50 000	
8	Quotations if looking for a grant	
9	Any other document that might be required	

Declaration -

- I hereby declare that the information provided in this application is, to the best of my knowledge, true and accurate;
- I hereby declare that I understand the Business Consultancy Services Voucher/Grant terms and conditions and undertake to abide by such terms and conditions;
- I hereby indemnify the National Youth Development Agency and its Service Providers for any loss or damages whatsoever incurred as a result of an intervention rendered by the Service Provider in good faith.
- I hereby declare that the information in this application form is fair and a true reflection of the intended business/project and that all the documents accompanying this application are authentic. I further confirm that neither I nor my partner(s) have ever been declared insolvent. I herewith give the National Youth Development Agency permission to conduct a credit history check as well as any other enquiries they may deem necessary to process this application.

Client's Signature _____ Date D/D/M/M/Y/Y/Y/Y