

THE ENTERPRISE ORGANISATION
 DEPARTMENT OF TRADE & INDUSTRY
 REPUBLIC OF SOUTH AFRICA

NOT TO BE TAKEN OUT

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KEEG RESOURCE CENTRE

APPLICATION
SMALL & MEDIUM ENTERPRISE
DEVELOPMENT PROGRAMME
(SMEDP) - TOURISM
EFFECTIVE FROM 01/09/2000

NAME OF COMPANY/CLOSE
 CORPORATION/PARTNERSHIP/SOLE PROPRIETOR

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Before completing the application, please study the SMEDP Tourism Information Brochure. This brochure will assist prospective applicants with guidance in formulating their application proposal.

1. ASSISTANCE BEING APPLIED FOR: (indicate with X)
 (Refer to the SMEDP Tourism Information Brochure. par. 1, 8 & 12)

New project (to be submitted within 180 days from commencement of production)	

PLEASE PROVIDE THE FOLLOWING INFORMATION REQUIRED FOR THE ADJUDICATION OF THE PROJECT:

3. APPLICANT LEGAL ENTITY INFORMATION

Name and postal address of applicant
(incorporated entity/undertaking)

		Y	Y	M	M	D	D
	Incorporation date of entity:						
	Incorporation number:						
	Income Tax number:						
	Tax office:						
Contact Person:	Financial year end:						
Telephone number:	In the case of a Co, CC or Co-op, a copy of the incorporation certificate to be provided.						
Cell phone number:	In the case of a partnership, the partnership agreement to be provided						
Fax number:	Have any industrial incentives from DTI been granted to your existing entity?						
E-mail address:	If yes, please specify:						

4. AUTHORISED AGENT

If applicable, name and postal address of authorised agent (e.g. consultant). Appointment authorisation must be attached:

Contact Person:
Telephone number:
Cell phone number:

6. SHAREHOLDING & COMPANY/GROUP STRUCTURE

Shareholders/members	RSA %	Race	Gender	Foreign %
TOTAL:	%			%

If the project is part of a group, please provide details of the group structure and main holding company on a separate page.

(Please refer to the definition of Connected Person / Non-Arm's Length in the SMEDP Tourism Information Brochure, par 16).

7. BACKGROUND OF OWNERS/SHAREHOLDERS/MEMBERS

7.1 Are the owners/shareholders/members of this project previously or currently involved in any other entities, projects, sections or branches? If yes, list the names and physical addresses of the entities or projects.

7.2 What activities are/were they involved in?

7.3 Provide a brief career history, qualifications & experience of each shareholder/member or owner for the past 5 years.

9. PROJECT INFORMATION

9.1 Is the project part of a franchise agreement? If yes, provide the name and address of the franchise holder.

10. LOCATION OF ENTERPRISE

City/Town:	Name of destination:

Magisterial district:	Province:

Physical/street address of the enterprise: (indicate if established on a farm or smallholding)

11. AREA OF LAND AND BUILDINGS (only in respect of tourism facility)

DETAILS OF PREMISES (area)	Existing Project (m ²) Base yr / /	Additional for expansion Year 2 (m ²) / /	New project Year 2 (m ²) / /
Site			
Tourism facility (excluding administration offices)			
Administrative buildings (only on tourism premises)			

13. ACTIVITIES/SERVICE INFORMATION

13.1 Define the activities/service to be provided, furnishing the corresponding Standard Industrial Classification code (SIC). (Provide specific service/activity names. If they are difficult to describe, please include brochures, photos or sketches in support of your application):

	PRODUCT DESCRIPTION (AVOID GENERIC DESCRIPTIONS) ADD MORE ITEMS IF NECESSARY	% OF TURNOVER		SIC
		YR 1	YR 2	
1.				
2.				
3.				

13.2 Provide a detailed description of the facilities to be developed and/or the method(s) of the services to be provided.

13.3 Do the abovementioned activities require the provision of out-sourced or sub-contracted inputs or services? If yes, specify such activities and express as a percentage of revenue.

YES	NO	If yes, % of revenue.
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13.4 Are any of the aforementioned activities carried out at a place other than the premises as mentioned in paragraph 2? If yes provide details.

YES	NO	If yes, provide details:

13.6 Provide capacity of the facilities: _____

14. PROJECTED EMPLOYMENT

Indicate in the tables below the estimated average monthly employment as projected at the end of the first and second financial year: (Please refer to the SMEDP Information Brochure, par 13).

If the application is for a new project please complete par. 14.1 only (par 14.2 is therefore not applicable).

If the application is for an expansion, insert the base year* figures in par. 14.1 as indicated above and insert only the additional employment figures which will be a direct result of the expansion in respect of both years 1 and 2 in par. 14.2. Indicate the base year, *i.e. the end of the financial year directly preceding the commencement date of operations, in the space provided in par. 14.1. * Also refer to the SMEDP Information Brochure, paragraph 12.

14.1 New Project or Existing Project: (Indicate base year in respect of expansion project and insert only in the space provided for year 2 : _____)

	TOTAL		WHITE		BLACK*		DISABLED	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
YEAR 1								
TOTAL								
YEAR 2 or BASE YR								
TOTAL								

(* Black includes African, Coloured and Indian)

14.2 Expansion project (indicate the additional average number of employees for the expansion)
Refer to SMEDP Information Brochure, par. 12).

	ADDITIONAL TOTAL		ADDITIONAL WHITE		ADDITIONAL BLACK*		ADDITIONAL DISABLED	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
YEAR 1								
TOTAL								
YEAR 2								
TOTAL								

(* Black includes African, Coloured and Indian)

15. TRAINING

15.1 What training do you intend providing: (Indicate with "X")

In house training	
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AVAILABILITY AND TOURISM VEHICLES

Equipment and tourism vehicles purchased or to be purchased, leased or to be leased (financial leases only) as at the end of the base periods 1 and 2 in the format indicated below. Indicate whether new or used and cost or estimated cost of each of the items: (Please comply with the figures of the relevant asset items in the projected balance sheet). Refer to the SMEDP Information Brochure

Start-up: Year 0 _/_/_	Additions: Year 1 _/_/_	Additions: Year 2 _/_/_	Total Addi- tions	New or Used	Source : Name of Supplier & tel. number or Auctioneer (proof of auction or liquidation must be provided + date)	Indicate whether source is a dealer, existing project, private person, etc	If source is a connected party, indicate relation
R	R	R	R				

INITIALS: _____

17. MARKETING INFORMATION

17.1 Market share

Indicate your estimated total market share (%) in year 2 of the market for similar type and standard of facilities/services in the area in which the entity will operate.	%
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17.2 Percentage of revenue attributable to foreign tourism:

YEAR 1	%
YEAR 2	%

18. PROTECTION OF THE ENVIRONMENT

18.1 Will the facilities and operation comply with the requirements of Local Authorities regarding the protection of the environment?

18.2 If not, kindly specify whether acceptable measures to counter any negative impact will be implemented.

19. FINANCIAL INFORMATION

19.1 Please indicate what financial planning & control systems will be used / are in place.

19.2 Provide projected income statements and balance sheets for the base year (in the case of expansions), years 1 and 2 in the format stipulated in this document (page 10 & 11). Year 1 must be the financial period since, or the first full financial year after commencement of production - please refer to paragraph 12.2 in this application).

PROJECTED INCOME STATEMENT	BASE YR	YEAR 1	YEAR 2
INDICATE THE RELEVANT FINANCIAL YEAR / PERIOD >>>			
Revenue: Accommodation revenue			
Fares, admissions & entrance fees			
Food, beverage & catering revenue			
Sale of merchandise			
Commission revenue			
Other revenue			
Total Gross Revenue			
<u>Less: Cost of sales</u> (food, beverage, catering, merchandise)			
<u>Less: Salaries, wages & payroll burden</u>			
<u>Less: Consumption of operating equipment</u>			
<u>Less: Other departmental expenses</u>			
Gross Operating Profit/(Loss)			
<u>Plus: Investment income</u>			
<u>Plus: Interest received</u>			
<u>Plus: Other income</u> (do not include SMEDP incentives)			
<u>Less: Depreciation</u>			
<u>Less: Interest paid</u>			
<u>Less: Leasing charges</u>			
<u>Less: Management fees</u>			
<u>Less: Rental</u>			
<u>Less: Royalties & franchise fees</u>			
<u>Less: other expenses</u>			
Profit/(Loss) after interest, before tax			
<u>Less: S. A. Normal Tax</u>			

PROJECTED BALANCE SHEET (R'000)	BASE YEAR	YEAR 1	YEAR 2
FINANCIAL YEAR END FOR BASE, YEAR 1 & 2			
TOTAL EQUITY/MEMBERS INTEREST			
Share capital/members' interest			
Share premium			
Shareholders' loan(s)			
Reserves: Distributable			
Non-distributable			
Accumulated profit/(loss)			
Deferred taxation			
LONG-TERM LOANS			
CURRENT LIABILITIES			
Trade creditors			
Bank overdraft			
Provision for taxation			
Short-term loans			
Other			
TOTAL CAPITAL EMPLOYED			
FIXED ASSETS			
Land (at cost)			
Buildings (at cost)			
Furniture and equipment (at cost)			
Crockery, utensils, linen, artwork, etc. (at cost)			
Tourism vehicles (at cost)			
Other vehicles (at cost)			
Office furniture & equipment (at cost)			
Less: Accumulated depreciation			
INVESTMENTS			

20. **QUALIFYING CONDITION FOR THE ADDITIONAL INVESTMENT GRANT IN THE THIRD YEAR**

Refer to par. 1 & 15 of the SMEDP Information Brochure for the calculation of this component. The figures for part A for the respective items must be brought forward to the projected income statement. The figures for salaries and wages in the income statement must include all the respective items as indicated in Part B.

This is just a guideline demonstrating how to calculate this component and should not be returned as part of the application.

The same calculation as indicated above will be applicable to expansions.

21. **DOMICILIUM CITANDI ET EXECUTANDI**

Indicate your *domicilium citandi et executandi* for the serving of legal documents and other notices. (Physical address).

22.

DECLARATION: I hereby declare that the information in this application is a fair and true reflection of my intended project and that all relevant information has been disclosed. I am aware of the fact that the information which I have submitted above will have a material bearing on the adjudication of the application and if it, therefore, subsequently transpires that any information in the application and addenda was not correct, or that certain information was omitted, the Manufacturing Development Board shall be entitled to withdraw or amend its approval and without prejudice to its rights, to recover any amounts already paid or to withhold further payments due.

This application (with any addenda), if successful, will form part of your contract with the Board.

NOTE: If the application is compiled by an independent consultant, the applicant must ensure that the information provided is correct before signing the application. If at a later stage it transpires that information is not correct, the applicant will be held solely responsible for misrepresentation and legal action may be instituted.

RESOLUTION OF THE BOARD OF DIRECTORS:

The Board of Directors of (name of company/cc)
hereby authorises (name of individual) ,
in his capacity as to sign all documents
pertaining to this application to the Board or any documentation pertaining thereto.

Signed at on this day of

SIGNATURE OF DIRECTORS:

NAME OF DIRECTORS:

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APPOINTMENT TO ACT AS CONSULTANT:

The Board of Directors of (name of company)

declare that (name of consultancy firm)

was appointed as consultant to act on our behalf with regard to issues pertaining our participation in the SMEDP. This appointment will remain in force until formal notification of change by the above entity.

NB: This appointment **does not** authorise the consultant to sign any SMEDP documents on behalf of the applicant. All documents submitted to the Board must be signed by the applicant, duly authorised by his Board of Directors / Members / Owner(s).

Signed at on this day of

SIGNATURE OF DIRECTORS:

NAME OF DIRECTORS:

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