



MPUMALANGA ECONOMIC GROWTH AGENCY
33 VAN RENSBURG STREET NELSPRUIT 1200 SOUTH AFRICA
PO BOX 5838 NELSPRUIT 1200
TEL + 27 13 752 2440 FAX + 27 13 755 1756
WWW.MEGA.CO.ZA

APPLICATION FOR FINANCIAL ASSISTANCE

CONDITIONS OF ACCEPTANCE

This application is accepted for consideration by MEGA subject to the following terms and conditions

- Acceptance of this application by MEGA in no way implies that a loan in terms of this application will be granted
- 2. This application is subject to approval, which is made at the sole discretion of MEGA and the reason for non-approval may not necessarily be divulged.
- 3. Notwithstanding the approval of a loan, certain loan conditions may still need to be met prior to funds being advanced
- 4. The applicant shall sign such documents and agreements as REGR shall require, which documents shall be cancelled if this application is declined.
- 5. An administration fee is payable on signing of the business loan agreement
- MEGA is entitled to make whatever enquires it feels necessary, including the credit bureau to assess your application for a loan. If the loan is approved MEGA is further entitled to register details regarding the conduct of your account with credit bureaus and the National Loans Register.

OTHER CONTACT NUMBERS

EHLANZENI REGION: (013) 752 6413

NKANGALA REGION: (013) 656 3231

GERT SIBANDE REGION: (017) 634 8458

NOTE: All fields are mandatory to be completed as stipulated by the National Credit Act. We will not process applications without all documentation as required by National Credit Act (Number 34 of 2005) and the Financial Intelligence Centre Act (Number 38 of 2001).

1. 1.1	LOAN REQUIREMENTS TICK RELEVANT TYPE AND COMPLETE	AMOUN	NT REQUESTED		
	MOVEABLE ASSETS R			CONSTRI	ICTION LOAN R
				CONSTRU	CTION LOAN R
	WORKING CAPITAL R —		<u> </u>		
1.2	REASON FOR WHICH FINANCE IS REQ	UIRED?			1
					
2.	BUSINESS INFORMATION - TICK TYPE	OF BU	7	ATION	
	CLOSE CORPORATION		COMPANY		PARTNERSHIP
	CO-OPERATIVES		TRUST		
3.	APPLICANTS BUSINESS PARTICULAR	S	of the same		
APPL	ICATION BY :				
TRAD	DING NAME :		- 40		
CO/C	C/CO-OP/TT/ REGISTRATION NO.				
PHYS	SICAL BUSINESS ADDRESS :				
BUSI	NESS POSTAL ADDRESS :				
	:				-
	:				POSTAL CODE:
REGI	STERED OFFICE PHYSICAL ADDRESS :				
REGI	STERED OFFICE POSTAL ADDRESS :				
	:				
	PHONE :				CELL
FAX	:				CELL
	KERS :				_ Telephone No:
	TORS :				_ Telephone No:
l				TYPE	STATUS
I XAT	NUMBER :				

AT NUMBER		
B.P.S READING	<u>:</u>	
SUBSIDIARIES & ASSOCIATED CO	OMPANIES :	
IAME		
RELATIONSHIP		
	DER / MEMBER BEEN DELCARED INSOLVENT	OR HAVE ANY RECORDED DEFAULT/
	ETAILS, ARRANGEMENTS AND / OR DATE OF	
'ES / NO:		
DETAILS:		
TRADE REFERENCES		
INSTITUTION	BRANCH	TYPE OF ACCOUNT
1143111011014	DIANO!!	THE OF AGGGGAT
ę.		
PARTICULARS OF COMPANIES	, CC OR TRUSTS PROVIDING SURETY	
NAME:	TRADE NAME:	
REG NUMBER:		
PHYSICAL ADDRESS:		
	ADDRESS:	
REGISTERED OFFICE PHYSICAL		
POSTAL ADDRESS:	LADDICESS.	POSTAL CODE
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5. ITEMS TO BE FINANCED	2 ² 2 ² 2	VALUE
DESCRIPTION		R
		R
Management		R
(N.B. For plant and machinery loans provide as much d		RR quotations etc.)
()	»	
6. SECURITY OFFERED		
DESCRIPTION		
		R
		R
		R
· · · · · · · · · · · · · · · · · · ·		R
7. ASSETS TO BE INVESTED/OWN CONTRIBUTION CASH:		D
		R R
		_ R
9 DECLARATION		
8. DECLARATION I understand, (full name)		
Accuracy of the particulars herein given and agree that and that any discrepancy subsequently discover may re	they form the basis upsult in the withdrawal	oon which this application is to be considered of any loan facilities that may be offered.
DATED	SIGNED	
FOR AND ON BEHALF OF	VIH	(NAME OF APPLICANT CO.)
NOTE: THIS DECLARATION IS TO BE COMPLETED F SURETY FOR THE LOAN	OR THE APPLICANT	AND ANY PERSON OR ENTITY PROVIDING
APPLICANTS NAME:		
FINANCIAL DETAILS OF:	CAPA	ACITY:
STATEMENT OF ASSETS AND LIABILITIES AS AT:		
0101117177		
SIGNATURE:		
		el

NON CURRENT ASSETS			
FIXED PROPERTY - description of assets	Date of Purchase	Price Paid	Current Value
FIXED IMPROVEMENTS		7	
		_	
		8	
VEHICLE, MACHINERY AND EQUIPMENT			<u> </u>
OTHER			
Computers			
Office Equipment			
Breeding Livestock			
Other			
A solution of the solution of			
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INVESTMENTS / INSURANCE POLICIES		MPUN	ALANG
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			1
CURRENT ASSETS			
Positive Bank Balance			
Stock on hand			
Marketable Livestock	1.181.191.1	44100000	
Farm Products	9		
Debtors			
Other			
		Z .	P.

REWT LABILITIES Institution Original Remaining Intrest Amount Frequency (Worths) RENT LABILITIES REL LONG TERM LABILITI		
Months) Rate Amount Frequency (Months)	STATEMENT OF LIABILITIES NON CURRENT LIABILITIES	
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LOANS (INCLUDING INSURANCE COMPANIES) FOR PERIOD BETWEEN 2 & 10 YEARS CURRENT LIABILITIES Bank Overdraft Tax Owed Creditors		
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		13
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CURRENT LIABILITIES Bank Overdraft Tax Owed		W
Bank Overdraft Tax Owed	CURRENT LIABILITIES	
Tax Owed	Bank Overdraft	
Cadifors	Tax Owed	
	Creditors	
	The state of the s	

PERSONAL INCOME A	ND EXPENDITURE				
NAME OF APPLICANT:				DATE:/	
Monthly Income:				R	
-	Salary				
	Salary of Spouse				
	Commissions			····	
	Investments				
	Other				
	TOTAL INCOME				
Monthly Expenditure				R	
Monthly Experience	Taxation (PAYE)				
	Medical Aid				
	Bond Repayments				
	Hire Purchase Agreements				
	Lease Agreements		10	112-50-	
	Credit Card Accounts				
	Insurance Premiums				
	Loan Repayments				
	Electricity				
	Water				
	Rates and Taxes				
	Transport			A Commonwealth of the Comm	
	Groceries				
	Clothing		A HELLOW		
	Doctor, etc				
	Other	A I	/		
				4	
	TOTAL EXPENDITURE				1 1
	SURPLUS AVAILABLE		390 300		
I/We hereby declare the than as stated in this de	at this is a full true and correct ocument.				
Signed at		on this	day of		(month) 20
Signature of Applicant			_		
Advisor:	Signa	ature:			

COPIES OF DOCUMENTS REQUIRED TO ACCOMPANY THE APPLICATION									
DOCUMENT	SOLE PROPS & PARTNERSHIP	CORP	OSE ORATION Members		PANIES Directors	Trust	TRUSTS Trustees	Founder	OTHER LEGAL ENTITIES
Id's of owner, member, directors.	✓		✓		✓		✓	✓	
Authorized representative									✓
Marriage Certificate of above	✓	✓	✓		✓		✓	✓	
Founding Statements									
Certificate to Commence Business				✓					
Memo & Articles of Association				✓					
Deed of Trust						✓			
Authorization to act as Trustees									√
Constitution				✓		✓			✓
Latest Tax and/or VAT Return	✓	√		✓		✓			√
Proof of physical address	√	\	√	\checkmark	√	√	√	√	\checkmark
Proof of Telephone number	√	\	√	√	√	√	√	√	✓
Proof of cellphone number		√		√	√		√	√	√
Notice of reg. Office physical Address	Ar			√					
Notice of reg. Office postal address				√		*			
Details of Assets and Liabilities Curriculum Vitae		V		√	V	√	√	√	√
Gurnculum vitae	✓	✓	✓		V		✓		

OTHER DOCUMENTS REQUIRED (TICK THOSE REQUIRED) COPIES OF

Last 2 Years Financial Statements	Disclosure document of franchise
Last management accounts	Financial statements of franchiser
Last 6 months bank statements	Buy back agreement
Business plan of the venture	Contracts / Orders
Sale Agreements	Life assurance policy to be ceded
Lease agreements	Existing comprehensive insurance policies
Quotes for goods to be financed	Cash flow of contracts
Title deeds of property to be financed	Certificate of registration of business vehicle
Proof of collateral to be provided	Schedule of completed contracts and references
Franchise agreement	

ANNEXURE A PARTICULARS OF ADDITIONAL MEMBERS FIRST NAMES SURNAME: TYPE OF IDENTITY ______ GENDER CODE _____ _____ DATE OF BIRTH __ I.D NUMBERS_ MARITAL STATUS ______ TYPE OF MARRIAGE _____ RESIDENTIAL ADDRESS _____ POSTAL CODE____ POSTAL ADDRESS _____ EMAIL ADDRESS HOME TELEPHONE NO. ______CODE _____CELLULAR_____ PERCENTAGE INTEREST _____ RELATIONSHIP TO BUSINESS Are you directly related to any MEGA staff member? If yes, provide more information: _____ FIRST NAMES___ SURNAME: TYPE OF IDENTITY _____ GENDER CODE ____ _____ DATE OF BIRTH _ I.D NUMBERS_ MARITAL STATUS ______ TYPE OF MARRIAGE _____ RESIDENTIAL ADDRESS _____ POSTAL CODE_____ POSTAL ADDRESS _____ EMAIL ADDRESS ___ HOME TELEPHONE NO. ______CODE _____CELLULAR_____ PERCENTAGE INTEREST _____ RELATIONSHIP TO BUSINESS _ Are you directly related to any MEGA staff member? NO If yes, provide more information: FIRST NAMES_ SURNAME: TYPE OF IDENTITY _____ GENDER CODE _____ DATE OF BIRTH _ LD NUMBERS TYPE OF MARRIAGE _____ MARITAL STATUS _____ RESIDENTIAL ADDRESS _____ POSTAL CODE____ POSTAL ADDRESS _____ EMAIL ADDRESS __ HOME TELEPHONE NO. ______CODE _____CELLULAR_ PERCENTAGE INTEREST _____ RELATIONSHIP TO BUSINESS ___ Are you directly related to any MEGA staff member? If yes, provide more information: _____ FIRST NAMES__ SURNAME: TYPE OF IDENTITY ______ GENDER CODE _____ DATE OF BIRTH ___ I.D NUMBERS _____ TYPE OF MARRIAGE ______ MARITAL STATUS__ RESIDENTIAL ADDRESS _____ POSTAL CODE_____ POSTAL ADDRESS _____ EMAIL ADDRESS __ CODE _____CELLULAR_ HOME TELEPHONE NO. ___ _____ PERCENTAGE INTEREST _____ RELATIONSHIP TO BUSINESS _____ Are you directly related to any MEGA staff member? If yes, provide more information: