

APPLICATION TO PARTICIPATE IN INCUBATOR PROGRAMME

A Applicant Details

Name of Applicant: _____
(i.e. Sole Proprietor / Partnership / Close Corporation / Trust)

Business Address:	Postal Address:
_____	_____
_____	_____
_____ (Postal Code)	_____ (Postal Code)

Telephone No. (Business)	Telephone No. (Home)
_____	_____
Cellular Phone No.	Facsimile No.
_____	_____
E-mail Address:	

Above Premises owned by Yourself?	Yes	No
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Language Preference	Afr	Eng
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B Key Persons Data (Person authorised to sign the Lease Agreement and other relevant documents)

Surname:	_____	Initials:	_____
First Names:	_____	Title:	_____
ID Number:	_____	Birth Date:	_____

Residential Address: _____
Postal Code: _____

Property Owner:	Yes	No
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Gender:	Male	Female
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Telephone No. (Home)	Telephone No. (Work)
_____	_____
Cellular Phone No.	Facsimile No.
_____	_____

Marital Status	Single	Married
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Citizenship:	South African	Yes	No	Other:	
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Percent Shares in the Business		%
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Details of next of kin not residing with you

Surname:		Initials:	
First Names:		Title:	
ID Number:		Birth Date:	

Telephone No. (Home) _____ Telephone No. (Work) _____

Cellular Phone No. _____ Facsimile No. _____

C	Business Details
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Business Trading Name: _____

Business Discription: _____

Company / Close Corporation / Trust - Registration Number: _____
Current Number of Employees: _____ Future Number of Employees: _____

Business Age:

	Existing	New	Take Over
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Business Form:

Sole Proprietor	Partnership	Company	Close Corporation	Trust
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Telephone No. _____ E-Mail Address: _____

Fax No. _____

Street Address: _____ Postal Address: _____

_____ (Postal Code) _____ (Postal Code)

Banking Details

Bank Name: _____

Branch: _____

Account No.

Type of a/c

Cheque	Savings	Transmission
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D Financial Information of the Business / Individual

Assets and Liabilities of the Business / Personal as at: _____ / _____

Assets	R	Liabilities	R
Fixed Property		Mortgage	
Vehicles		Bonds	
Debtors		Instalment Sales Agr.	
Equipment		Debts on Vehicles	
Stock		Loans from other Parties	
Cash in Bank		Creditors	
Investments		Bank Overdraft	
Other (Specify)		Other (Specify)	
Total Assets		Total Liabilities	

E General Information

Have you ever been sequestrated?	Yes	No
If so, were you rehabilitated?	Yes	No
Have you ever been found guilty of a criminal offence? (Excluding parking / Speeding fines)	Yes	No
Have you ever reached a compromise or entered into an agreement with creditors?	Yes	No
Have you ever been summonsed or had judgements imposed against you?	Yes	No

Is the business registered with the local Municipality?

Ye s	No
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F	References (Previous landlords from whom you rented premises / Trade references)
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1. 1. Names of Previous Landlords: _____
 Telephone No. _____ Date Vacated: _____

1. 2. Names of Previous Landlords: _____
 Telephone No. _____ Date Vacated: _____

2. 1. Supplier: _____
 Contact Person: _____ Telephone No. _____

2. 2. Supplier: _____
 Contact Person: _____ Telephone No. _____

I, _____ (Full names of applicant) declare that to the best of my knowledge and belief, the replies furnished in this application, are true and correct and that I or my duly appointed person, may legally trade in the area for which this application is submitted.

If further knowledge, that should any information given in this application be found to be incorrect this application shall become null and void.

Signed at _____ on this ____ day of _____

 Signature Capacity

Furntech _____

Representative

Name

Signature