

**APPLICATION FOR TARGETED ENTERPRISE STATUS**

**Name of Enterprise:** .....

**Trading as :** .....

1. Category of Targeted Enterprise (tick appropriate box(es)  
 [NOTE: Enterprise may be classified in more than one category]

- " Black Business Enterprise (BBE)
  - ~ Substantially Owned Enterprise (BBE 1)
  - ~ Empowered Enterprise (BBE 2)
  - ~ Influenced Enterprise (BBE 3)
- " Priority Business Enterprise (PBE)
  - ~ Substantially Owned Enterprise (PBE 1)
  - ~ Empowered Enterprise (PBE 2)
  - ~ Influenced Enterprise (PBE 3)
- " Woman Business Enterprise (WBE)
  - ~ Substantially Owned Enterprise (WBE 1)
  - ~ Empowered Enterprise (WBE 2)
  - ~ Influenced Enterprise (WBE 3)
- " Disabled Person Business Enterprise (DPBE)
  - ~ Substantially Owned Enterprise (DPBE 1)
  - ~ Empowered Enterprise (DPBE 2)
  - ~ Influenced Enterprise (DPBE 3)
- " Small, medium or micro enterprise (SMME)
  - ~ Empowered Enterprise (SMME 1)
  - ~ General (SMME 2)

2. Date on which enterprise was established ? .....(ccyy/mm/dd)

3. Nature of enterprise (tick appropriate box(es)):

- " Enterprise for profit
- " Non-profit enterprise
- " Non-governmental organisation
- " Co-operative enterprise

4. Describe all property agreements relating to facilities used by the enterprise and the nature of the agreements indicating whether facilities are owned or leased by the enterprise:

| FACILITY | MONTHLY RENTAL AMOUNT | OWNER | AGREEMENT TYPE (VERBAL/WRITTEN) |
|----------|-----------------------|-------|---------------------------------|
|          |                       |       |                                 |
|          |                       |       |                                 |
|          |                       |       |                                 |

5. Complete the following information for each partner, proprietor, shareholder, director and officer of the enterprise (viz, chairman, secretary, director etc.)

| TITLE | NAME | I.D. NUMBER | STATUS<br>(tick as applicable) |              |          |              |                 |              | OWNERSHIP % | VOTING % | % OF TIME DEVOTED<br>TO THE ENTERPRISE | HOME ADDRESS |
|-------|------|-------------|--------------------------------|--------------|----------|--------------|-----------------|--------------|-------------|----------|--|--------------|
|       |      |             | Black Person                   |              | Woman    |              | Disabled Person |              |             |          |  |              |
|       |      |             | Priority                       | Non Priority | Priority | Non Priority | Priority        | Non Priority |             |          |  |              |
|       |      |             |                                |              |          |              |                 |              |             |          |  |              |
|       |      |             |                                |              |          |              |                 |              |             |          |  |              |
|       |      |             |                                |              |          |              |                 |              |             |          |  |              |
|       |      |             |                                |              |          |              |                 |              |             |          |  |              |
|       |      |             |                                |              |          |              |                 |              |             |          |  |              |

6. Identify any owner or management office bearer who has an ownership interest in another firm.

| OWNER / MANAGER | I.D NUMBER | NAME AND ADDRESS OF<br>OTHER FIRM | TITLE IN OTHER FIRM | % OF<br>OWNERSHIP | TYPE OF BUSINESS OF OTHER<br>FIRM |
|-----------------|------------|-----------------------------------|---------------------|-------------------|-----------------------------------|
|                 |            |                                   |                     |                   |                                   |
|                 |            |                                   |                     |                   |                                   |
|                 |            |                                   |                     |                   |                                   |
|                 |            |                                   |                     |                   |                                   |
|                 |            |                                   |                     |                   |                                   |

NOTE: - where owners are themselves a company or partnership, identify the ownership of the holding firm.

7. Identify any owner or management official who is an employee of or has duties in another business enterprise.

| NAME | I.D NUMBER | DUTIES AS EMPLOYEE IN OTHER FIRM | NAME AND ADDRESS OF OTHER FIRM | TYPE OF BUSINESS OF OTHER FIRM |
|------|------------|----------------------------------|--------------------------------|--------------------------------|
|      |            |                                  |                                |                                |
|      |            |                                  |                                |                                |
|      |            |                                  |                                |                                |
|      |            |                                  |                                |                                |
|      |            |                                  |                                |                                |
|      |            |                                  |                                |                                |
|      |            |                                  |                                |                                |
|      |            |                                  |                                |                                |

8. List the major items of equipment and vehicles owned by the enterprise.

| ITEM | QUANTITY | PRESENT VALUE (Rands) | AMOUNT OWING (Rands)<br>(If not freehold) |
|------|----------|-----------------------|---|
|      |          |                       |   |
|      |          |                       |   |
|      |          |                       |   |
|      |          |                       |   |
|      |          |                       |   |

8.1 State the enterprises' total gross asset value (fixed property excluded)

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9. Identify by name, status and length of service, those individuals in the enterprise (including owners and non-owners) responsible for day-to-day financing decisions.

|                                | NAME | I.D NUMBER | HOME ADDRESS | STATUS (tick as applicable) |              |          |              |                 |              | LENGTH OF SERVICE (YEARS) |
|--------------------------------|------|------------|--------------|-----------------------------|--------------|----------|--------------|-----------------|--------------|---------------------------|
|                                |      |            |              | Black Person                |              | Woman    |              | Disabled Person |              |                           |
|                                |      |            |              | Priority                    | Non Priority | Priority | Non Priority | Priority        | Non Priority |                           |
| FINANCING DECISIONS            |      |            |              |                             |              |          |              |                 |              |                           |
| CHEQUE SIGNING                 |      |            |              |                             |              |          |              |                 |              |                           |
| SIGNING & CO-SIGNING FOR LOANS |      |            |              |                             |              |          |              |                 |              |                           |
| ACQUISITION OF LINES OF CREDIT |      |            |              |                             |              |          |              |                 |              |                           |
| SURETIES                       |      |            |              |                             |              |          |              |                 |              |                           |
| MAJOR PURCHASE OR ACQUISITIONS |      |            |              |                             |              |          |              |                 |              |                           |
| SIGNING CONTRACTS              |      |            |              |                             |              |          |              |                 |              |                           |

10. Identify by name, status and length of service, those individuals in the enterprise (including owners and non-owners) responsible for day-to-day management decisions.

|   | NAME | I.D NUMBER | HOME ADDRESS | STATUS (tick as applicable) |              |          |              |                 |              | LENGTH OF SERVICE (YEARS) |
|---|------|------------|--------------|-----------------------------|--------------|----------|--------------|-----------------|--------------|---------------------------|
|   |      |            |              | Black Person                |              | Woman    |              | Disabled Person |              |                           |
|   |      |            |              | Priority                    | Non Priority | Priority | Non Priority | Priority        | Non Priority |                           |
| MANAGEMENT DECISIONS                          |      |            |              |                             |              |          |              |                 |              |                           |
|   |      |            |              |                             |              |          |              |                 |              |                           |
| ESTIMATING                                    |      |            |              |                             |              |          |              |                 |              |                           |
|   |      |            |              |                             |              |          |              |                 |              |                           |
| MARKETING AND SALES OPERATIONS                |      |            |              |                             |              |          |              |                 |              |                           |
|   |      |            |              |                             |              |          |              |                 |              |                           |
| HIRING AND FIRING OF MANAGEMENT PERSONNEL     |      |            |              |                             |              |          |              |                 |              |                           |
|   |      |            |              |                             |              |          |              |                 |              |                           |
| HIRING AND FIRING OF NON MANAGEMENT PERSONNEL |      |            |              |                             |              |          |              |                 |              |                           |
|   |      |            |              |                             |              |          |              |                 |              |                           |
| SUPERVISION OF OFFICE PERSONNEL               |      |            |              |                             |              |          |              |                 |              |                           |
|   |      |            |              |                             |              |          |              |                 |              |                           |
| SUPERVISION OF FIELD/PRODUCTION ACTIVITIES    |      |            |              |                             |              |          |              |                 |              |                           |
|   |      |            |              |                             |              |          |              |                 |              |                           |

11. List the personnel or firms who provide the following services :

| SERVICE    | NAME | CONTACT PERSON | TELEPHONE |
|------------|------|----------------|-----------|
| ACCOUNTING |      |                |           |
| LEGAL      |      |                |           |
| AUDITING   |      |                |           |
| INSURANCE  |      |                |           |

12. Identify any amounts of money loaned to your enterprise, indicating the loan source, date and amount.

| LOAN SOURCE | ADDRESS | DATE OF LOAN | LOAN AMOUNT | AMOUNT PAID TO DATE |
|-------------|---------|--------------|-------------|---------------------|
|             |         |              |             |                     |
|             |         |              |             |                     |
|             |         |              |             |                     |
|             |         |              |             |                     |

13. What is the enterprise's average annual turnover (excluding VAT) during the lesser of the period for which the business has been operating or the previous three Financial Years.

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14. SMME Information

The following table must be completed in order to establish whether a business can be classified as an SMME in terms of the National Small Business Act 102 of 1996. Indicate the Sector by ticking the appropriate block in column 1 and then tick the corresponding information blocks in columns 2, 3, 4 and 5.

| COLUMN 1   |          | COLUMN 2      |          | COLUMN 3   |          | COLUMN 4                    |          | COLUMN 5  |          |
|--|----------|---------------|----------|--|----------|-----------------------------|----------|---|----------|
| Sector or sub-sectors in accordance with the Standard Industrial Council |          | Size of class |          | Total full time equivalent of paid employees < & = |          | Total annual turnover < & = |          | Total gross asset value (fixed property excluded) < & = |          |
|  | <b>X</b> |               | <b>X</b> |  | <b>X</b> |                             | <b>X</b> |   | <b>X</b> |
| Agriculture  |          | Medium        |          | 100  |          | R5m                         |          | R5m   |          |
|  |          | Small         |          | 50   |          | R3m                         |          | R3m   |          |
|  |          | Very Small    |          | 10   |          | R0.50m                      |          | R0.50m  |          |
|  |          | Micro         |          | 5  |          | R0.20m                      |          | R0.10m  |          |
| Mining and Quarrying   |          | Medium        |          | 200  |          | R39m                        |          | R23m  |          |
|  |          | Small         |          | 50   |          | R10m                        |          | R6m   |          |
|  |          | Very Small    |          | 20   |          | R4m                         |          | R2m   |          |
|  |          | Micro         |          | 5  |          | R0.20m                      |          | R0.10m  |          |
| Manufacturing  |          | Medium        |          | 200  |          | R51m                        |          | R19m  |          |
|  |          | Small         |          | 50   |          | R13m                        |          | R5m   |          |
|  |          | Very Small    |          | 20   |          | R5m                         |          | R2m   |          |
|  |          | Micro         |          | 5  |          | R0.20m                      |          | R0.10m  |          |
| Electricity, Gas and Water   |          | Medium        |          | 200  |          | R51m                        |          | R19m  |          |
|  |          | Small         |          | 50   |          | R13m                        |          | R5m   |          |
|  |          | Very Small    |          | 20   |          | R5.10                       |          | R1.90m  |          |
|  |          | Micro         |          | 5  |          | R0.20m                      |          | R0.10m  |          |
| Construction   |          | Medium        |          | 200  |          | R26m                        |          | R5m   |          |
|  |          | Small         |          | 50   |          | R6m                         |          | R1m   |          |
|  |          | Very Small    |          | 20   |          | R3m                         |          | R0.50m  |          |
|  |          | Micro         |          | 5  |          | R0.20m                      |          | R0.10m  |          |
| Retail and Motor Trade and Repair Service                                |          | Medium        |          | 200  |          | R39m                        |          | R6m   |          |
|  |          | Small         |          | 50   |          | R19m                        |          | R3m   |          |
|  |          | Very Small    |          | 20   |          | R4m                         |          | R0.60m  |          |
|  |          | Micro         |          | 5  |          | R0.20m                      |          | R0.10m  |          |
| Wholesale Trade, Commercial Agents and Allied Services                   |          | Medium        |          | 200  |          | R64m                        |          | R10m  |          |
|  |          | Small         |          | 50   |          | R32m                        |          | R5m   |          |
|  |          | Very Small    |          | 20   |          | R6m                         |          | R0.60m  |          |
|  |          | Micro         |          | 5  |          | R0.20m                      |          | R0.10m  |          |
| Catering, Accommodation and other Trade                                  |          | Medium        |          | 200  |          | R13m                        |          | R3m   |          |
|  |          | Small         |          | 50   |          | R6m                         |          | R1m   |          |
|  |          | Very Small    |          | 20   |          | R5.10m                      |          | R1.90m  |          |
|  |          | Micro         |          | 5  |          | R0.20m                      |          | R0.10m  |          |
| Transport, Storage and Communications                                    |          | Medium        |          | 200  |          | R26m                        |          | R6m   |          |
|  |          | Small         |          | 50   |          | R13m                        |          | R3m   |          |
|  |          | Very Small    |          | 20   |          | R3m                         |          | R0.60m  |          |
|  |          | Micro         |          | 5  |          | R0.20m                      |          | R0.10m  |          |
| Finance and Business Services  |          | Medium        |          | 200  |          | R26m                        |          | R5m   |          |
|  |          | Small         |          | 50   |          | R13m                        |          | R3m   |          |
|  |          | Very Small    |          | 20   |          | R3m                         |          | R0.50m  |          |
|  |          | Micro         |          | 5  |          | R0.20m                      |          | R0.10m  |          |
| Community Social and Personal Services                                   |          | Medium        |          | 200  |          | R13m                        |          | R6m   |          |
|  |          | Small         |          | 50   |          | R6m                         |          | R3m   |          |
|  |          | Very Small    |          | 20   |          | R1m                         |          | R0.60m  |          |
|  |          | Micro         |          | 5  |          | R0.20m                      |          | R0.10m  |          |

## DECLARATION AFFIDAVIT FOR TARGETED ENTERPRISE STATUS

I/WE, THE UNDERSIGNED, WARRANTS THAT I AM/WE ARE DULY AUTHORISED TO DO SO ON BEHALF OF THE ENTERPRISE, CERTIFIES THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT WITH ADDITIONAL INFORMATION IS CORRECT AND ACCURATE AND ACKNOWLEDGES THAT

1. The enterprise complies with all requirements for recognition as a Black / Priority Population Group / Black Business Enterprise / Priority Business Enterprise / Woman Business Enterprise / Disabled Person Enterprise / SMME (Delete as applicable) as defined, and
2. The contents of this Affidavit are within my personal knowledge, and save where stated otherwise are to the best of my belief both true and correct.
3. The enterprise will be required to furnish documentary proof if requested to do so.
4. If the information supplied is found to be incorrect then the eThekweni Municipality in addition to any remedies, it may have; may
  - i Recover from the Enterprise all costs, losses or damages incurred or sustained by the Municipality as a result of the award of the contract, and/or
  - ii Cancel the contract and claim any damages which the Municipality may suffer by having to make favourable arrangements after such cancellations, and/or
  - iii Impose a penalty on the Enterprise as provided in the Tender Documents, and/or
  - iv Take any other action as may be deemed necessary.

Signature .....

Name .....

I.D Number .....

Duly Authorised to sign on behalf of : .....

Address .....

.....

.....

Telephone .....

Signed and sworn to before me at .....

on this the .....day of .....by the Deponent, who has acknowledged that he/she knows and understands the contents of this document, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

Commissioner of Oaths .....

**NOTE: All pages of this Affidavit must be initialed by both the Deponent and the Commissioner of Oaths**