



TRANSFORMATION FUND

APPLICATION FOR FUNDING TIER 1 ➡ [R 200,000]

The "Transformation Fund" is defined in Sections 137 of the Kwazulu-Natal Gaming and Betting Amendment Act, 2017 and is a funding structure with the aim of ensuring that adequate support is provided for the establishment and promotion of sustainable emerging enterprises which include SMMEs and Cooperatives for any purpose which includes horseracing, breeding, betting purposes and sports development.

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Section 1. INSTRUCTIONS AND GENERAL INFORMATION

- The application form must be completed in full, neatly and legible to read. The form must be completed in a **black** pen. Tick the appropriate boxes if indicated.
- Completed applications must be addressed for attention to the **“Transformation Fund Adjudication Committee”** and submitted as follows:

Location	Address
Office of the Board - Durban	18th Floor Marine Building, 22 Dorothy Nyembe Road, Durban CBD
Office of the Board - Pietermaritzburg	1 George McFarlane Lane, Wembley Pietermaritzburg
Electronic Submissions	transfundapps@kzngbb.org.za

- **ONLY** applications submitted via the prescribed means above will be accepted.
- No applications will be accepted after the advertised closing date.
- Application documents may also be accessed via the dedicated online application platform www.kzngbb.org.za.
- All applications will be vetted in accordance with the compliance checklist which must be completed and signed by the applicant. Incomplete applications will be returned to the applicant before submission to the Transformation Fund Adjudication Committee.
- The KZNGBB will provide a stamped proof of receipt of the application either in physical or electronic format.
- The application consists of **12** pages.
- All applications should be made on the prescribed application form which should be submitted together with the accompanying documentation. Accompanying documentation is specified on the checklist within the application form.
- Any incomplete, inaccurate or misleading answers or information may result in the application being rejected and returned to the applicant. No modifications to the pre-printed questions or information contained in this form are permitted.
- The outcome of the resolution of each application will be communicated both telephonically and in writing to each applicant by an official identified by the Board for this purpose. Where an application is declined the resolution with reasons of that decision taken will be communicated to the applicant.
- If a question does not apply, kindly write “Not Applicable” (“N/A”) in the space provided. If there is nothing to disclose about a particular question, write “None” in the space provided. If an alteration is made to an answer, the applicant must sign in full and record the date next to the alteration.

- If additional space to answer any question(s) is required, kindly use blank standard A4-size paper and attach it to the application. Kindly ensure that: The Part and the number(s) of the question(s) being answered are clearly indicated on the additional pages next to the appropriate question on the application form, record the number of the additional page.
- All supporting documentation and/or attachments must be included after the relevant part of the application form and must be clearly labelled, and the name of the applicant reflected on the top of each page.
- On completion of the application form:
 - Check that each question has been answered fully and correctly, then initial each page of the application form and any additional pages attached thereto.
 - Using the Application **Check List (Part 13)**, tick listed items to ensure that all the requirements of the application have been fulfilled.

SECTION 2: BUSINESS DETAILS			
Name of Business			
Physical Address			
Postal Address			
Business tel. number			
Business fax. number			
Business Location	Rural	Urban	Peri-Urban
Stage of Business	Startup/New	Existing	Years in Existence
Type of Business			
Operating Entity (Tick the relevant box)	Company		<input type="checkbox"/>
	Registration number		
	Close Corporation		<input type="checkbox"/>
	Registration number		
	Other		<input type="checkbox"/>
Please elaborate:			
Key contact person			
Key contact person's tel. number			
Key contact person's email address			

SECTION 3: APPLICANTS DETAILS	
First Name:	Surname:
Maiden Name:	Aliases:
Title:	
Identity Number:	
Cell Phone:	
Email Address:	
Name:	Surname:
Maiden Name:	Aliases:
Title:	
entity Number:	
Cell Phone:	
Email Address:	
Name:	Surname:
Maiden Name:	Aliases:
Title:	
Identity Number:	
Cell Phone:	
Email Address:	

SECTION 4: DETAILS OF ORGANISATION

Name of Organisation	
Physical Address	
Postal Address	
Telephone Number	
Fax Number	
When was the organisation formed?	
Type of registered organisation (E.g. Non-profit Organisation, Section 21 company, Public benefit Trust)	
Registration number	
Key Contact Person	
Key contact person's tel. number	
Key contact person's email address	

SECTION 5: DIRECTORS/MEMBERS INTEREST

Name	BBBEE/Non BBBEE	Male/Female	Shareholding%

SECTION 6: UTILISATION OF FUNDS UPON APPROVAL

Purpose of Funding (Tick the relevant box)	Business acquisition	<input type="checkbox"/>	R
	Asset acquisition	<input type="checkbox"/>	R
	Working capital	<input type="checkbox"/>	R
	Startup (additional setup costs)	<input type="checkbox"/>	R
	Bridging Finance	<input type="checkbox"/>	R
	Other	<input type="checkbox"/>	R
Total Funding Requested	R		
Amount in words			
Own Contribution	R		
Amount in words			
Availability of the following (Tick the relevant box)			
Accounting Officer	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 7: JOBS SUSTAINED/CREATED

Number of Jobs created-new/current					
Number of current employees					
Number of new employees					
Number of Black female employees		Number of Youth		Number of employees with Disabilities	

PART 11: APPLICANT/S RELEASE AUTHORISATION

To be completed by all applicants

TO	All courts, probation departments, employers, educational institutions, banks, financial and other institutions, receivers of revenue, all law enforcement agencies, other regulatory bodies – national, provincial and local - without exception, both foreign and domestic and to whom so ever else this authorisation may be duly presented.
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FROM		
NAME	SURNAME	IDENTITY NUMBER

As a requirement of my/our involvement in an application for funding from the KZNGBB Transformation Fund, I/we agree to allow the KwaZulu-Natal Gaming and Betting Board, its consultants, and the South African Police Services to conduct a full investigation into my background.

I/we HEREBY AUTHORISE the Chief Executive Officer of the KwaZulu-Natal Gaming and Betting Board, its consultants, and the South African Police Services or any person duly authorised by an original letter of authority signed by the aforementioned (an authorised delegate) to make such enquiries as they deem necessary, and to have access to, inspect and obtain copies of:

any credit report, other report, legal or commercial information derived from those reports that has any bearing on my/our credit worthiness, credit history, credit standing or credit capacity; any loan information, bank account records, safe deposit box records and bank statements pertaining to me; any records relating to investigations of my/our activities by any domestic or foreign police services, crime investigation agency, corporate regulatory agency, any gambling regulatory body or any revenue collection/regulatory body; any court records relating to any present or past civil or criminal court proceedings to which I/we are party; and any other document, record or correspondence pertaining to me/us.

I/we HEREBY AUTHORISE the Chief Executive Officer of the KwaZulu-Natal Gaming and Betting Board, to publish my/our name/s on the Board's official website if my/our application for funding is successful.

YOU ARE HEREBY AUTHORISED to release to the Chief Executive Officer of the KwaZulu-Natal Gaming and Betting Board and, its consultants, the South African Police Services or an authorised delegate, all information requested by any of them, documentary or otherwise, pertaining to me/us. This authorisation shall supersede and countermand any prior request or authorisation to the contrary. A photocopy of this authorisation will be considered as effective and as valid as the original.

NAME:
SIGNATURE:
DATE :
PLACE :
NAME OF WITNESS:
SIGNATURE OF WITNESS:

NAME:
SIGNATURE:
DATE:
PLACE:
NAME OF WITNESS:
SIGNATURE OF WITNESS:

NAME:
SIGNATURE:
DATE:
PLACE:

NAME OF WITNESS:
SIGNATURE OF WITNESS:



PART 12: DECLARATION THAT INFORMATION SUPPLIED IS TRUE, CORRECT AND COMPLETE

I, of
(Full Name of Declarant)

(Address of Declarant)

Declare that to the best of my knowledge and belief, the information supplied in these forms is true and correct in every detail and all information required to complete this form has been fully disclosed.

Signed at		on	
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Signature of Declarant

Signature of Witness

Name of Witness (Print)



I, of
(Full Name of Declarant)

(Address of Declarant)

Declare that to the best of my knowledge and belief, the information supplied in these forms is true and correct in every detail and all information required to complete this form has been fully disclosed.

Signed at		on	
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Signature of Declarant

Signature of Witness

Name of Witness (Print)



I, of
(Full Name of Declarant)

(Address of Declarant)

Declare that to the best of my knowledge and belief, the information supplied in these forms is true and correct in every detail and all information required to complete this form has been fully disclosed.

Signed at		on	
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Signature of Declarant

Signature of Witness

Name of Witness (Print)



SECTION 13: AFFIDAVIT BY PERSON/S MAKING APPLICATION FOR FUNDING IN TERMS OF THE KWAZULU-NATAL GAMING AND BETTING AMENDMENT ACT, NO. 4 OF 2017

I, We _____ (the Applicant/s)
do hereby state that:

I/we am/are not disqualified from being eligible in terms of the guidelines of the Transformation Fund defined in Section 137 of the KwaZulu-Natal Gaming and Betting Amendment Act, 2017 from applying for funding, in that I:-

(a) Am/have not –

1. bankrupt or being wound up, are having my affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
2. been convicted of an offence concerning professional conduct by a judgment;
3. been guilty of grave professional misconduct proven by any means which the KZNGBB can justify;
4. fulfilled obligations relating to the payment of social security contributions or the payment of taxes;
5. been the subject of a judgment, have a judgment pending for fraud, corruption, involvement in a criminal organisation or any other illegal activity;
6. been declared to be in serious breach of contract for failure to comply with their contractual obligations in connection with a procurement procedure or other fund award or managed by the KZNGBB or any public or private entities;
7. been convicted for any financial crime defined in terms of the Criminal Procedure Act;
8. subject to a conflict of interest;
9. guilty of misrepresentation in supplying the information required or fail to supply this information;
10. attempted to obtain confidential information or influence the Funding Adjudication Panel or the Department during the evaluation process of current or previous funding applications;
11. been appointed as long-term contractors within the national, provincial or local spheres of government;
12. been found guilty in terms of Section 218 of the Companies Act, which disqualifies anybody who was jailed for theft, fraud, forgery or perjury, from being a company director, unless a high court sets aside the disqualification.

Signature of Applicant/s _____

The deponent/s has/have acknowledged that he/she/they know/s and understands the contents of this Affidavit which was sworn to/affirmed* by the deponent/s before me at _____ on this _____ day of _____ 20__.

Signature

Justice of the Peace/Commissioner of Oaths

Full Name

Address

Area for which appointed

Office held if appointment held ex officio



PART 14: APPLICATION CHECKLIST

Please check that each of the following components is completed before submitting your application. Please explain the reasons if you are unable to provide any of the information listed below. Please note that failure to provide the necessary information or provide an adequate explanation may result in your application not being considered for funding.

	Yes	No	If "No" Please state the reason(s)
1. The correct application form			
2. The application form has been completed in English, a "Declaration and Consent by the applicant" form has been completed and signed.			
3. Business Plan/Business Profile/Business Concept.			
4. Surety form (if applicable)			
5. Certified copies of Identity Document of all beneficiaries.			
6. Proof of residence-utility bill/sworn affidavit (not older than 3 months)			
7. Confirmation of bank details in the name of the applicant			
8. Valid Tax Clearance Certificate (if applicable)			
9. Beneficiary trade permits			
10. Copies of contracts/orders secured (if applicable)			
11. Copy of Lease/Title Deed/Rental Payments (if applicable)			
12. Quotations-Machinery/Equipment			
13. Proof of own contribution (if applicable)			
14. Historical Financial Statements (if applicable)			
15. Approved Building Plan			
16. Costed Bill of quotations			
17. Sworn statement by applicant/s that they do not fall into any of the ineligible categories as defined in the Transformation Fund Guidelines			
18. Any other documentation that would assist in motivating your project application, and assist the KZNGBB Transformation Fund Adjudication Committee in assessing its feasibility and sustainability are annexed.			