



PetroSA

ENTERPRISE & SUPPLIER DEVELOPMENT

Incubation Beneficiary

Application Form

2017-2018 Intake

Our Enterprise and Supplier Development (ESD) Program has been hailed as the most empowering and effective intervention by its beneficiaries. It continues to host black owned and managed small to medium sized enterprises, providing them with tailor made business development support tailor-made to suit the current needs. Such support varies from contract management, business and financial management as well as marketing exposing them to strategic forums to access the desired markets. Individual and group support provided through mentorship and business coaching has assisted beneficiaries to stay focussed whilst engaging on strategies for sustaining and growing their enterprises.

Through our support, the program has achieved 80% success with most of our beneficiaries successfully growing their revenues and creating more jobs for locals. This is how PetroSA's innovative ESD Program has continued to demonstrate its corporate leadership and dedication to both the letter and the spirit of the Revised B-BBEE Codes by investing in the growth of strategic, value-chain aligned SME's with a specific focus on Enterprise and Supplier Development. Continuing to deliver on our business mandate of leading transformation in the Oil and Gas industry, is our way of ensuring and supporting initiatives aimed at achieving inclusive and meaningful economic empowerment of black people.

PetroSA is now calling for applications for its 2017/2018 ESD Incubation Program Intake. All interested applicants are expected to read and understand the purpose, the objective, and content of this initiative. As such, this application form should be completed with the knowledge that the applicant will, as a matter of process, be guided, trained, mentored, coached, monitored and audited as the case may be. This is not optional and the completion of this form is taken as consent, subjecting the applicant to these processes.

NB: Should the form **NOT** be completed in **FULL**, the application will be **REJECTED**. Information received will be treated with strict confidentiality. The application and documentation of all successful candidates will be scrutinised to validate qualification before confirmation. The intention of this program is to provide business support, prioritising our existing active suppliers and **does not guarantee future contracts or financing at PetroSA**. Also, due to budget constraints and business imperatives, PetroSA has **limited spaces available** on the program and fulfilling the **below criteria does not automatically guarantee placement** on the said program. **Closing date 31 October 2017.**

QUALIFYING BASIC CRITERIA

Choosing PetroSA ESD Beneficiary

Applicants will be disqualified for failing to meet the criteria set. Strict assessment is adopted when recruiting and identifying deserving beneficiaries to be supported. Specific preference is to those who are current suppliers of PetroSA, followed by those deemed as potential players in PetroSA's value chain. These include *registered businesses* with:

A viable value proposition, operating, or with the intention to operate within the Oil and Gas Industry;

- An operating history of more than 2 years and have a presence in RSA;
- 51% (or more) black ownership and at least 30% black women ownership;
- Owners who have invested at least 20% in equity and evidence of a high level of owner commitment;
- Have a target market clearly poised for commercial viability and profitable growth.

Company Name: Registered Business Name _____

Completed By: Full Name & Surname _____

Designation: _____

Email Address: _____

Contact Number: _____

How did you hear about the Program? _____

The application will not be considered:

1. If the information provided in the application is found to be false.
2. If all the shareholders/members are not in agreement with the application or its process.
3. If the documents provided were tampered with.
4. If the principal of the business entity will not be available for training or development activities.
5. If the company is not in good standing with SARS, COIDA and the Department of Labour.

NB: APPLICATIONS SHOULD BE LODGED ELECTRONICALLY to esdapplications@petrosa.co.za by 31 March 2017. No hand delivered applications will be accepted.

Attach the following compulsory documents:

- Valid Tax Clearance Certificate.
- A copy of Registration Certificate (CC or Pty Ltd), Articles of Association and Memorandum of Agreement.
- Company Profile including experience over the last two years in detail.
- Copies of any rating or accreditation certificates etc. where applicable.
- Current year, valid BBBEE Certificate.
- ID Document of primary owner(s)/shareholder(s)
- Annual Financial Statement (Income Statement, Balance Sheet) for preceding year OR Management Accounts
- One page motivation letter

SUPPLIER DETAILS

Registered Name of the company: _____

Trading name of the company: _____

Company/Close Corporation: _____ Registration Number: _____

VAT Registration Number: _____ Income Tax Reference Number: _____

BEE Status: Accredited level _____ % black owned _____ % black woman owned _____ % black managed _____

Telephone Number: _____ Fax Number: _____

Web Address: _____ E-mail Address: _____

Name of Contact Person: _____ Contact numbers Cell: _____

Business Physical Address: _____

Postal Address: _____

TYPE OF FIRM (Please tick the relevant box or boxes)

- | | | |
|--|--|--|
| <input type="checkbox"/> Consortium | <input type="checkbox"/> Trust | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Private Company (Pty) Ltd | <input type="checkbox"/> Section 10 (Schedule 1) Company | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Closed Corporation (CC) | <input type="checkbox"/> Joint Venture | |
| <input type="checkbox"/> Other (Specify) _____ | | |

PARTICIPATION CAPACITY (Please tick the relevant box or boxes)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Prime Contractor | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Importer |
| <input type="checkbox"/> Sub-Contractor | <input type="checkbox"/> Repairer or Maintenance | <input type="checkbox"/> Exporter |
| <input type="checkbox"/> Supplier | <input type="checkbox"/> ISO Listed | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Services including Professional | <input type="checkbox"/> Sales | |
| <input type="checkbox"/> Other (Specify) _____ | | |

SMALL, MEDIUM, MICRO ENTERPRISE (SMME) STATUS (Please tick the relevant box)

- Very Small (<5m Turnover) Small (5m < 50m Turnover) Medium (50 < 100m Turnover) Large (> 100m Turnover)

Annual Turn Over: R _____

TOTAL NUMBER OF EMPLOYEES (Please tick the relevant box and state the number)

- Full Time Number: _____
- Part Time Number: _____

BUSINESS SUMMARY

Brief Description of Business / Value Proposition: _____

LIST ALL PARTNERS, PROPRIETORS & SHAREHOLDERS AS INDICATED BELOW (COMPULSORY)

Name and Surname	Identity Number / Registration Number	Citizenship	Date of Ownership	% of Ownership	Specify Status If HDI, Women, Youth or Disabled	% Voting (In Decision Making)

LIST AND IDENTIFY ANY OWNER OR MANAGEMENT OFFICE BEARER WHO HAS OWNERSHIP INTEREST IN ANOTHER FIRM

Name and Surname	Identity Number	Citizenship	Date of Ownership	% of Ownership	Specify Status If HDI, Women, Youth or Disabled	% Voting (In Decision Making)

REFERENCES OF PREVIOUS CLIENTS

Company/Institution Name: _____

Address: _____

Contact Person: _____ Telephone: _____

Value of contract: R _____ Period of Work: _____

Description of Work: _____

Company/Institution Name: _____

Address: _____

Contact Person: _____ Telephone: _____

Value of contract: R _____ Period of Work: _____

Description of Work: _____

Company/Institution Name: _____

Address: _____

Contact Person: _____ Telephone: _____

Value of contract: R _____ Period of Work: _____

Description of Work: _____

GENERAL (Complete where applicable)

1. Did the firm exist under a previous name? YES/ NO _____

If YES, what was its previous name? _____

2. Does your company/any of its employees have a vested interest in **PetroSA**? If so, state which Department within **PetroSA** the said employee/s have such vested interest? _____

3. Indicate as to whether any of the Partners, Proprietors & Shareholders are in the service of **PetroSA**, currently or in the previous twelve months:

- 4. How many years have you been in operation? _____
- 5. Do you have any legal actions pending against the business its directors or shareholders? _____
- 6. Have you participated in any previous PetroSA ESD Programs? If YES, please indicate year/s. _____

BUSINESS PROPOSAL

What type of support does your business need: _____

KEY CONSTRAINTS TO GROWTH (Choose a maximum of five constraints only)

- | | |
|--|---|
| <input type="checkbox"/> Business Model Support / Strategy | <input type="checkbox"/> Contract Negotiations / delivery |
| <input type="checkbox"/> Regulations & Compliance | <input type="checkbox"/> Equity Acquisitions & Deal Structuring |
| <input type="checkbox"/> BEE accreditation training & compliance | <input type="checkbox"/> Equipment and Technology Access |
| <input type="checkbox"/> Financial Understanding & Management | <input type="checkbox"/> Tendering and Sourcing |
| <input type="checkbox"/> Book Keeping / Accounting | <input type="checkbox"/> Business Plan / Business Proposal Development |
| <input type="checkbox"/> Costing & Pricing | <input type="checkbox"/> Equipment & Raw Material Access (Discounts & Sourcing) |
| <input type="checkbox"/> Sales / Revenue Growth | <input type="checkbox"/> Project Management and Execution |
| <input type="checkbox"/> Marketing & Networking | <input type="checkbox"/> Major Funding / Equity Stake (Growth & Expansion) |
| <input type="checkbox"/> Entrepreneur Personal Development | <input type="checkbox"/> Regulations (Safety & Environmental Standards) |
| <input type="checkbox"/> Other (Please Specify): _____ | |
| _____ | |
| _____ | |

Name & Surname: _____

Signature

Date