



**Youth Challenge Fund (YCF)
Application Form**

PLEASE NOTE:

- a) This form is divided into the following sections:
 - o Section A – Company Information
 - o Section B – Shareholder/Member Information¹
 - o Annexure 1 – YCF Product Outline
 - o Annexure 2 – Application Checklist
 - o Annexure 3 – **sefa** Regional Offices Contact Details
- b) The information requested will enable **sefa** to conduct a basic assessment of your application
- c) Further information will be requested once the application passes the bare assessment stage and progresses to due diligence (wherein in-depth due diligence of the application will be conducted)
- d) Please ensure to complete the form in full and provide to attach all relevant supporting documentation
- e) Incomplete applications will affect the turnaround times.
- f) Completed application forms are submitted to YCF@sefa.org.za

Section A

1. Contact Person's Details

First name(s)	
Surname	
Position in business (e.g. Owner, Consultant ² , etc.)	
Telephone number (landline)	
Cell phone number	
Email address	

¹ To be completed by each shareholder/member (please make additional copies in case of additional shareholders/members)

² Please attach confirmation from the applicant (business) giving you permission to facilitate this application

2. Company Information			
Business Name			
Company Registration Number (CIPC, etc.)			
Type of Business (e.g. restaurant, butchery, etc.)			
Business phase (please tick)	Start-up	Expansion	
Business Address			
Postal Code			
Province			
District Municipality			
Local Municipality			
Township/Village			
Business Credit bureau record (please tick)	Clear	Not clear	Don't know
Is the company compliant in terms of all applicable regulatory requirements?			
Is the company compliant in terms of all applicable industry requirements?			
Date business started operating (for expansions only)			
Number of jobs created/maintained	Created		Maintained ³
3. Funding Requirements (R)			
Assets			
Stock			
Other (please specify)			
Other (please specify)			
Other (please specify)			
Other (please specify)			
Less: Owners' Contribution (if any)			
Total finance required			
4. DECLARATION AND CONSENT			
I/We, the undersigned, declare that the information provided in this application form is accurate and complete to the best of my/our knowledge.			
I/We also understand that any willful misrepresentation of the information in this application form will			

³ Only for expansions

disqualify my/our application and may lead to legal action against me/us including the laying of criminal charges against me/us as sureties as well as against the entity I/we represent for furnishing false statement or information to the Small Enterprise Finance Agency (SOC) Ltd (**sefa**).

I/We at this moment grant **sefa** consent to perform an entity/personal search and check on my/our records with any other party (e.g. credit bureau and a government agency) relating to this application.

I/We further authorise **sefa** to disclose my/our personal information to these parties to obtain the information they require and acknowledge that **sefa** will never disclose more information than needed.

Sefa warrants that it will treat your personal information as confidential and take all necessary steps to protect your information as required by the Protection of Personal Information Act of 2013. We will only disclose your information if:

- The law requires us to do so;
- It is in the public interest to do so;
- Information is required by the Department of Small Business Development (DSBD)
- Information is required by the Small Enterprise Development Agency (Seda)
- Our interests require disclosure; or
- You have given us your consent.

5. SIGNATURES

Surname	
Full Name(s)	
Designation	
Place	
Date	
Signature	

Section B

6. Shareholder/Member Information

Name(s)		Surname			
Identity Number		Nationality			
Race		Any Disability	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Yes</td> <td style="width: 50%; border: none;">No</td> </tr> </table>	Yes	No
Yes	No				

Percentage Shareholding		Gender	
Email Address		Cell Number	
Telephone Number		Marital Status	
Physical address			
Postal Code			
Postal address (if different from physical address)			
Postal Code			
Are you undergoing debt counselling or have a pending debt counselling application?	Yes	No	
Are you undergoing debt restructuring?	Yes	No	
Have you ever been sequestrated?	Yes	No	
▪ If so, have you been rehabilitated?	Yes	No	
Have you ever been found guilty of a criminal offence?	Yes	No	
Have any of the directors been sequestrated? (please tick)	Yes	No	
Have you ever reached a compromise with creditors?	Yes	No	
Have you ever been summoned or had judgements taken against you?	Yes	No	
Have you signed surety for anyone else?	Yes	No	
Have you ever been employed as a public official?	Yes	No	
▪ If yes, please provide the following details:			
○ Name of employer			
○ Capacity			
○ Period employed			
Credit bureau record	Clear	Not clear	Don't know
Are you permanently involved in the operations of the business?	Yes	No	
Number of years as an entrepreneur			
Number of years in the business to be financed (expansions only)			
DECLARATION AND CONSENT DECLARATION AND CONSENT			
I, the undersigned, declare that the information provided in this application form is accurate and complete to the best of my knowledge. I also understand that any willful misrepresentation of the information in this application form will disqualify my application and may lead to legal action against me and the entity I represent, including the laying of criminal charges against me as sureties as well			

as against the entity I represent for furnishing false statement or information to the Small Enterprise Finance Agency (SOC) Ltd (**sefa**).

I, at this moment, grant **sefa** consent to perform an entity/personal search and check on my records with any other party (e.g. credit bureau and a government agency) relating to this application.

I further authorise **sefa** to disclose some of my personal information to these parties to obtain the information they require and acknowledge that **sefa** will never disclose more information than they are required to. **sefa** warrants that it will treat your data as confidential and take all necessary steps to protect your information as required by the Protection of Personal Information Act of 2013 (POPI).

We will only disclose your information if:

- The law requires us to do so;
- It is in the public interest to do so;
- Our interests require disclosure; or

You have given us your consent

SIGNATURE

Surname		Full Name(s)	
Designation		Place	
Date		Signature	

SPOUSE'S DECLARATION AND CONSENT (If married in community of property)

I have obtained my spouse's consent to enter this Credit Facility and for credit t check with any credit reference agency. I understand that I will be liable for fraud should I falsely declare my spousal consent.

Surname		Full Name(s)	
Designation		Place	
Date		Signature	

ANNEXURE 1

YOUTH CHALLENGE FUND

ELIGIBILITY CRITERIA

In line with National Youth Policy, the YCF will be providing support to youth start-up businesses/enterprises who meet the following criteria:

- Are between the age of 18 to 35 years
- Registered with CIPC and be prepared to register with SARS & UIF
- 100% South African owned
- Are adequately involved in the day-to-day operation and management of the business with at least one or more of the members being a full-time employee of the company, especially the majority shareholder or essential personnel/applicant
- Prepared to participate in Business Development Support and mentorship (pre and post)
- Commercially viable, sustainable and feasible business idea

EXCLUSIONS

The following transactions will NOT be considered:

- Funding towards a debt owed by the applicant with another lending institution
- Activities that have already been funded by other government departments or parastatals
- Government and SOE officials are excluded
- Fall within the gambling, pyramid sales scheme, loan shark and operates illegal activities etc., as guided by credit policy and grant policies
- Have a record of fraud and corruption
- Where the owner/applicant is an un-rehabilitated insolvent

APPLICATION REQUIREMENTS/PROCESS

The applicant must comply with the following application requirements:

- Completed application forms are submitted to YCF@sefa.org.za .
- Funding queries can be directed to YCF Hotline on 0860 663 7867/012 748 9600 or email: info@dsbd.gov.za/helpline@sefa.org.za
- Upon receipt of the applications, they will be reviewed and completed applications subjected to due diligence exercises by **sefa** for consideration
- Follow-ups will be made with small enterprises whose funding applications are incomplete to submit the outstanding information
- Small enterprises that require non-financial support are referred to **Seda** for further handling

ANNEXURE 2
APPLICATION CHECKLIST

This section outlines the supporting documents that will be required, depending on the business phase.

1. START-UPS (NEW BUSINESSES)

- Comprehensive funding proposal
- Valid letters of intent (including quantities to be ordered at what value and projected budget per month)
- Offtake agreements (if available)

2. EXPANSIONS

- Expansion plan
- Annual financial statements- last three years
- Six months latest business bank statement
- Proof of CIPC/CIPRO annual fees (if applicable)

The following documents/information must accompany all applications (irrespective of the business phase)

- Certified copy of ID and that of Spouse (if married In Community of Property)- not older than three months
- Marriage certificate/ marriage contract (where applicable)
- Short CV of the members/directors/ shareholders/ trustees, etc.
- Proof of residence – utility bill/affidavit (not older than three months)
- Valid Tax Clearance Certificate
- Company Registration Documents, e.g. CK2/ CK14.3
- Six months' latest bank statement (personal)
- Supporting quotations (with a contact person and banking details of supplier)
- Personal Income and Expenditure Schedule and Assets & Liability Statement of the Director(s)
- Proof of own contribution and source (if applicable)
- Members / Shareholders resolution to apply (if applicable)
- In the event of a Court judgment – provide proof of payment or confirmation that the debt is rescinded
- In case of a default judgment – please provide an arrangement letter with your creditor(s) and a statement showing three months' consecutive payments being

made to honour the arrangement

- Lease agreement /letter of intent to lease (if applicable)
- Franchise Agreement (if applicable)
- Cashflow projection with explicit assumptions – 60 months

ANNEXURE 3
sefa REGIONAL OFFICES

Province	Address	Telephone
Eastern Cape	Chesswood Office Park, 8 - 10 Winkley Street, 2nd Floor, Berea, East London – 5241	(043 721 1510)
	329 Cape Road, Newton Park, Port Elizabeth, 6000	041 391 6200
Free State	Office 4 & 5, Preller Square, Graaf Reinet Street, Dan Pienaar, Bloemfontein, 9301	(051) 436 0150
Gauteng North	8 Incubation Drive, Riverside View Ext 15, Diepsloot, Midrand	087 288 6000
Gauteng South	17 Empire Road Hillside House Parktown	(011) 484 0850 / (011) 484 0889
KZN	21st Floor, Office 2102, Durban Embassy Building, Anton Lembede Street, Durban, 4001	(031) 368 3485
Limpopo	Suite 4, No 43 Biccard Street, Biccard Park, Polokwane, 0699	(015) 294 0900
Mpumalanga	Corner Streak & Ferreira Street, 3rd Floor, Office 301, MAXSA Building, Nelspruit, 1200	(013) 755 3923
North West	32B Heystek Street, Sunetco Building, Rustenburg , 0299	(014) 592 6391
Northern Cape	72 Long Street, Business Partners Building, Kimberly, 8301	(053) 832 2275
Western Cape	9th Floor, Clicks Building, 2 Long Street, Cape Town, 8001	(021) 418 0126 (021) 425 6774