



Province of the
EASTERN CAPE
 OFFICE OF THE PREMIER

KIOSK OPERATOR APPLICATION FORM
 For office use only

Department	OFFICE OF THE PREMIER	
Date of Application <i>(Received by the Office)</i>		
Client Reference Number		

Please note: All information provided in this application form and any subsequent interactions with the Department is strictly confidential

Section A: CLIENT DETAILS *(To be completed by all Applicants)* **NB: please attach proof of address**

Full Names								
Surname								
Identity Number								
Gender <i>(tick ✓the appropriate box)</i>	Female		Male		Age		Disability	
Population Group <i>(tick ✓the appropriate box)</i>	African	White	Indian	Coloured	Home language			
Disability Status <i>(tick ✓the appropriate box)</i>	No	Yes	If yes, indicate the disability					
Telephone No:				Fax no				
Cell phone No.				Email				
Physical Address						Postal Code		
Postal Address						Postal Code		
Province								
Geographic Location Type	Urban				Rural			
Formal Qualifications								
Training Courses								

Attended	
Next of Kin	
Physical Address	
Cell No	
Relationship	

Section B: ENTREPRENEURIAL STATUS

1. Do you have an existing business -of the same nature already operating ? Yes No
2. Have you ever received any Entrepreneurship Development Training Yes No

Section C: (no business idea/ have never started a business idea similar to this)
To be completed by applicants who have not started their business

1. Why do you want to be part of this business idea? (You can give more than one answer)

I was retrenched	<input type="checkbox"/>	<input type="checkbox"/>	I can make a success of my business
I can't find another job	<input type="checkbox"/>	<input type="checkbox"/>	I do not make enough money where I'm working
I want to have my own business	<input type="checkbox"/>	<input type="checkbox"/>	I'm not happy in my current job
I have the skills to run a business	<input type="checkbox"/>	<input type="checkbox"/>	Other

2. Please describe the goals you want to achieve in business

a) _____

Business Experience

3. What type of business experience do you have if any

4. What knowledge or expertise do you have that is relevant to the proposed business idea?

5. Required training if you would be selected to run the business

Section D: EXISTING BUSINESS (Applicant who have an existing business similar to this one)

Business Name: _____

Type of Business: _____

1. Please indicate the Legal Entity in which your business is operating if already registered if not specify so

Close Corporation: Pty: o-ops: Sole Proprietor

Other: _____

2. Why did you start the business?

I was retrenched	<input type="checkbox"/>	<input type="checkbox"/>	I inherited the business
I can't not find another job	<input type="checkbox"/>	<input type="checkbox"/>	I did not make enough money where I was working
I wanted to have my own business	<input type="checkbox"/>	<input type="checkbox"/>	Unhappiness with previous work
I have the skills to run a business	<input type="checkbox"/>	<input type="checkbox"/>	I enjoy being in business

3. Please provide a brief description your business in terms of:

(a) the type of business; (b) the need the business addresses (c) who your customers are; (d) where you operate the business from; and (e) how you deliver your products or services.

4. How long has the business been in operation and trading?

<input type="checkbox"/>	Less than 12 months	<input type="checkbox"/>	5 – 6 years
<input type="checkbox"/>	1 – 2 years	<input type="checkbox"/>	6 – 7 years
<input type="checkbox"/>	3 – 4 years	<input type="checkbox"/>	8 – 10 years
<input type="checkbox"/>	4 – 5 years	<input type="checkbox"/>	More than 10

5. How many people (including yourself) are employed in the business?

5. Please indicate how many are:

<input type="text"/>	Disabled	<input type="text"/>	Male	<input type="text"/>	Female
<input type="text"/>	African	<input type="text"/>	Coloured	<input type="text"/>	Indian
				<input type="text"/>	White

6. Has there been a change in the number of people employed in the business over the last 12 months?

Increased Decreased No change

Reason: _____

7. Please provide an estimate of your annual turnover

(total amount of income)

<input type="checkbox"/>	Less than R20 000
<input type="checkbox"/>	R20 000 – R49 999
<input type="checkbox"/>	R50 000 – R99 999
<input type="checkbox"/>	R100 000 – R149 999

8. Has there been a change in the turnover of the business over the last 12 months?

Increased Decreased No change

Reason: _____

9. Do you have a separate bank account for the business?

Yes No

10. Please indicate how you started the business:

I started it myself	<input type="checkbox"/>	I bought the business	<input type="checkbox"/>
I started the business with a partner(s)/ friend(s)	<input type="checkbox"/>	I took it over from someone in the family	<input type="checkbox"/>

11. Where did you get the money to start your business?

I used my personal savings	<input type="checkbox"/>	I borrowed money from a bank	<input type="checkbox"/>
I received a government grant	<input type="checkbox"/>	I borrowed money from an employer	<input type="checkbox"/>
I used money I received from friends and family	<input type="checkbox"/>	I borrowed money from a money lender (mashonisa)	<input type="checkbox"/>
I received a donor grant	<input type="checkbox"/>	I borrowed money from a government agency	<input type="checkbox"/>
I received the money from an investor	<input type="checkbox"/>		

12. Describe the premises your business operates from:

Street or street corner Incubator or business hive

Stall in a market place	<input type="checkbox"/>	<input type="checkbox"/>	Back yard
From a container	<input type="checkbox"/>	<input type="checkbox"/>	Standalone shop
I sell door to door	<input type="checkbox"/>	<input type="checkbox"/>	Shop in a complex
House	<input type="checkbox"/>	<input type="checkbox"/>	Part of an office block
Part of a house	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

13. Do you own or rent the premises? Own Rent

14. Please describe the area in which the business operates: _____

15. Indicate with an X in which of the geographical location is your business currently

Urban		Rural	
<input type="checkbox"/>	City Centre / Town Centre	<input type="checkbox"/>	Rural area
<input type="checkbox"/>	Suburb	<input type="checkbox"/>	Village
<input type="checkbox"/>	Township	<input type="checkbox"/>	Rural farm area
<input type="checkbox"/>	Informal Area/Shack settlement	<input type="checkbox"/>	Small holding
<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Informal Settlement

16. Does your business comply with industry registration requirements?
 Yes No Not sure None Applicable

17. Did you previously work in the industry sector or type of business you currently run? Yes No
 If yes, for how long? Less than 1 year 3 – 5 years
 2 – 3 years More than 5

18. How many years of business management experience do you have?
 Less than 1 year 3 – 5 years
 2 – 3 years more than 5

21. Rate the business out of 5 in terms of the knowledge and skills of the business owner and staff, in the following business skills: *Note that: 1 = very poor; 2 = poor; 3 = average; 4 = good; 5 = very good*

Business planning	<input type="checkbox"/>	<input type="checkbox"/>	Operations
Business management and administration	<input type="checkbox"/>	<input type="checkbox"/>	Computer skills
Financial management	<input type="checkbox"/>	<input type="checkbox"/>	Customers service
Marketing and sales	<input type="checkbox"/>	<input type="checkbox"/>	Procurement and tendering
Research	<input type="checkbox"/>	<input type="checkbox"/>	Managing suppliers
Legal expertise	<input type="checkbox"/>	<input type="checkbox"/>	People management

22. Please describe your business goals for the future: _____

23. Please indicate what type of business development assistance program you need (you can tick more than one service):

- 1. Business Training
- 2. Marketing Strategy
- 3. Financial Management
- 4. financial Systems
- 5. Website / App development

24. Describe how this assistance is likely to improve your business:

25. Please indicate the Ownership status in your business:

Name & Surname of Business Partner (incl. Owner)	Position in the Business	Contact Numbers	Disability Status	Gender	Rural / Urban	HDI	Race	Ownership %
1								
2								
3								
4								
5								

Section E: Motivation session: * to be filled by all applicants

Why do you think u deserve this opportunity:
