



FDC
Free State Development Corporation
Growing the Free State

FDC-PROPFO-022

FREE STATE DEVELOPMENT CORPORATION

APPLICATION TO LEASE A FDC PROPERTY

TOWN :

DISTRICT :

**TYPE OF
BUSINESS :**

Head Office
FDC House
33 Markgraaf Cnr Kellner Street
Westdene
Bloemfontein
9301

Tel: +27 51 400 0800
Fax: +27 51 447 0929

MOTHEO DISTRICT
35 Orange Street
Botshabelo
9871

Tel: +27 51 534 1101
Fax: +27 51 534 1104

THABO MOFUTSANYANA DISTRICT
357 Clubview
Phuthaditjhaba
9866

Tel: +27 58 714 0060
Fax: +27 58 714 0071

e-mail: fdccorp@fdc.co.za

ENTITY INFORMATION

Please indicate with "X" who will enter into a Lease Agreement with the FDC:

SOLE PROPRIETOR	<input type="checkbox"/>	COMPANY	<input type="checkbox"/>
CLOSE CORPORATION	<input type="checkbox"/>	TRUST/CO-OP	<input type="checkbox"/>
PARTNERSHIP	<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	If Other, please Specify _____	

FURTHER DETAILS

(To be completed by the sole proprietor / trustees / partners / directors / members of a CC/Co-operative)

NAME OF TRUST, COMPANY, CO-OPERATIVE, _____

CLOSE CORPORATION OR PARTNERSHIP : _____

REGISTRATION NUMBER : _____ / _____ / _____
(Attach Registration Certificate)

TRADING AS : _____

VAT REGISTRATION NUMBER : _____

NAME OF AUTHORISED PERSON : _____
(Attach copy of resolution authorizing signatory, where applicable)

INVESTMENT

BELOW R10 MILLION

ABOVE R10 MILLION

PARTNERS / MEMBERS / DIRECTORS / TRUSTEES:

NAMES	SHAREHOLDING	CITIZENSHIP	ID NUMBER

Head Office
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111 Zastron Street
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**INDIVIDUAL INFORMATION,
IF SOLE PROPRIETOR OR
INDIVIDUAL**

NAME : _____

IDENTITY NUMBER : _____
(Attach copy of Identity Document)

MARITAL STATUS:
(Please indicate with "X")

SINGLE / DIVORCED **MARRIED OUT OF COMMUNITY**

MARRIED IN COMMUNITY **CUSTOMARY**

IF OUT OF COMMUNITY OF PROPERTY : **ANC** **YES** **NO**

FULL NAME OF SPOUSE : _____
(Attach marriage certificate & ID copies)

NUMBER OF DEPENDANTS : _____

CONTACT INFORMATION

POSTAL ADDRESS : _____

POSTAL CODE : _____

PHYSICAL ADDRESS : _____

POSTAL CODE : _____

TELEPHONE NUMBER : (_____) _____

FAX NUMBER : (_____) _____

CELLULAR NUMBER : _____

EMAIL ADDRESS : _____

PERSONAL REFERENCES

(Name family member or friend, not living in the same house as you)

1. NAME : _____

PHYSICAL ADDRESS : _____

CONTACT NUMBER : _____

RELATIONSHIP : _____

2. NAME : _____
PHYSICAL ADDRESS : _____

CONTACT NUMBER : _____
RELATIONSHIP : _____

TRADE REFERENCES

1. FREE STATE DEVELOPMENT CORP : _____
ACCOUNT NUMBER : _____
TELEPHONE NUMBER : _____
2. NAME OF INSTITUTION : _____
ACCOUNT NUMBER : _____
TELEPHONE NUMBER : _____
3. NAME OF INSTITUTION : _____
ACCOUNT NUMBER : _____
TELEPHONE NUMBER : _____

PREVIOUS LANDLORDS

1. NAME OF LANDLORD : _____
PROPERTY LEASED : _____
TELEPHONE NUMBER : _____
2. NAME OF LANDLORD : _____
PROPERTY LEASED : _____
TELEPHONE NUMBER : _____

BUSINESS INFORMATION

BRIEF DESCRIPTION OF BUSINESS ACTIVITIES:

Is a Trading Licence Required? (Please indicate with "X")
(If yes a copy of Trading Rights / Licence must be attached)

YES

NO

PURPOSE OF LEASING THIS PARTICULAR PROPERTY:

FINANCIAL INFORMATION

Please attach the following:

- 1. Latest Financial Statements (of existing concern, if applicable); **Annexure 1**
- 2. Financial Projections for three (3) years; **Annexure 2**
- 3. Day 1 Balance Sheet; and **Annexure 3**
- 4. Cash Flow Statement for Year 1/Income & Expenditure Statement; **Annexure 4**

FOR OFFICE USE
EXPECTED RENTAL: _____

MARKETING INFORMATION

MAIN COMPETITORS : _____

MARKET POTENTIAL:

**PRODUCTION INFORMATION,
IF MANUFACTURER**

DETAILED LIST OF MACHINERY, COMMERCIAL VEHICLES AND OFFICE EQUIPMENT:

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AVERAGE RAW MATERIAL TO TURNOVER RATIO:**NUMBER OF JOB OPPORTUNITIES DURING THE FIRST THREE (3) YEARS:**MALE: FEMALE: DISSABLED: EQUITY:
PLAN**EXPECTED PRODUCTION CAPACITY OF FACTORY:****REQUIRED PRODUCTION SPACE** : _____ **m²****ADDITIONAL REQUIREMENTS:****RELEVANT EXPERIENCE:****MANAGEMENT INFORMATION**

Please attach the following:

1. Expected Organogram of Top Management; **Annexure 5**
2. Names, ID numbers / Passport numbers and positions of Top Management; **Annexure 6**

FUNDING**Do you need any form of financial assistance?****YES** **NO**

If "yes", how much financial assistance do you require? _____

Who will be the source of financial assistance? _____

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BANKING INFORMATION

ACCOUNT HOLDER :

NAME OF BANK :

BRANCH CODE :

BRANCH NAME :

ACCOUNT NUMBER :

SIGNATURE OF ACCOUNT HOLDER :

SERVICES INFORMATION

Please contact the following institution(s) to activate the following services:

ELECTRICITY SUPPLY :

WATER SUPPLY :

SANITATION :

CONSENT TO CREDIT REFERENCES

I/We _____
 Identity/registration number _____ am/are applying to
 lease the Free State Development Corporation property. I/We hereby declare that the information herein
 provided is true and correct. I/We consent to the corporation making enquiries about my/our credit record
 with any credit bureau and any other party to confirm any or all of the information provided by
 me/ourselves. I/We further consent to the corporation carrying out identity and fraud prevention checks
 and sharing information relating to this application through the South African Fraud Prevention Service.

Individual:

Applicant's signature _____	Date _____
Applicant's signature _____	Date _____
Applicant's signature _____	Date _____

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Enterprise:

For and on behalf of _____

Signature _____ Identity number _____

Name _____ Date _____

Signature _____ Identity number _____

Name _____ Date _____

Signature _____ Identity number _____

Name _____ Date _____

Signature _____ Identity number _____

Name _____ Date _____

ADDITIONAL DOCUMENTATION

***Certified copies of the following additional documentation is required with each application:**

A. SOLE PROPRIETOR

1. Identity Document
2. Marriage Certificate

B. PARTNERSHIP

1. Identity Document of each Partner
2. Partnership Agreement
3. Resolution

C. CLOSE CORPORATION

1. Identity Document of each Member
2. Founding Statement
3. Resolution

D. COMPANY

1. Identity Document of each Director
2. Certificate of Incorporation
3. Memorandum of Association
4. Resolution
5. Articles of Association

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6. Certificate to Commence Business
7. CM 29 - Contents of register of directors, auditors and officers

E. TRUST

1. Identity Document of each Trustee
2. Trust Deed
3. Letter of Authority signed by Master of the Supreme Court
4. Resolution

F. OTHER

Any Agreement, Resolution, and / or other documentation related to the entity.

***Individual proof of residential address is compulsory for all members, directors, trustees, partners etc. This proof may be in any of the following forms and the document used may not be older than six months:**

- i) Municipality rates & taxes statement;
- ii) Pre-paid electricity receipt;
- iii) Official account statement from retail stores; or
- iv) An affidavit done through an attestation officer.



33 KELLNER STREET | CNR MARKGRAAFF STREET
 P.O. BOX 989
 BLOEMFONTEIN 9300

TEL: +27 51 400 0800 | FAX: +27 51 447 0929

SMME CONFIRMATION FORM

Please confirm with a tick on the relevant row regarding the sector of your company, number of employees, turnover, total gross asset value

This form should be completed by all clients we serve and provide services to under SMME financing, Property Management and Investment Facilitation

Sector or subsector in accordance with the standard Industrial Classification	Size of class	The total fulltime equivalent of paid employees LESS THEN	Total turnover LESS THEN	Total gross asset value (fixed property excluded) LESS THEN	Confirmation by the company Name of the company.....
Agriculture	Medium	100	R5m	R5m	
	Small	50	R3m	R3m	
	Very Small	10	R0.50m	R0.50m	
	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	R5.10m	R1.90m	
	Micro	5	R0.20m	R0.10m	
Sector or subsector in accordance with the standard Industrial	Size of class	The total fulltime equivalent of paid employees	Total turnover LESS THEN	Total gross asset value (fixed property excluded)	Confirmation by the company Name of the company.....

Duly constituted in terms of Free State Development Corporation Act 6 of 1995

DIRECTORS: Ms HB Matseke (Chairperson); Messrs PBM Chuene (Deputy Chairpers); V Maharaj; Mr LL Phungo; Ms TN Sandlana; Mr I Osman (Chief Executive Officer); Ms S Motloung (Company Secretary)

Classification		LESS THEN		LESS THEN	
<i>Construction</i>	<i>Medium</i>	200	<i>R26m</i>	<i>R5m</i>	
	<i>Small</i>	50	<i>R6m</i>	<i>R1m</i>	
	<i>Very Small</i>	20	<i>R3m</i>	<i>R0.50m</i>	
	<i>Micro</i>	5	<i>R0.20m</i>	<i>R0.10m</i>	
<i>Retail and Motor Trade and Repair Services</i>	<i>Medium</i>	200	<i>R39m</i>	<i>R6m</i>	
	<i>Small</i>	50	<i>R19m</i>	<i>R3m</i>	
	<i>Very Small</i>	20	<i>R4m</i>	<i>R0.60m</i>	
	<i>Micro</i>	5	<i>R0.20m</i>	<i>R0.10m</i>	
<i>Wholesale Trade, Commercial Agents and Allied Services</i>	<i>Medium</i>	200	<i>R64m</i>	<i>R10m</i>	
	<i>Small</i>	50	<i>R32m</i>	<i>R5m</i>	
	<i>Very Small</i>	20	<i>R6m</i>	<i>R0.60m</i>	
	<i>Micro</i>	5	<i>R0.20m</i>	<i>R0.10m</i>	
<i>Catering, Accommodation and other Trade</i>	<i>Medium</i>	200	<i>R13m</i>	<i>R3m</i>	
	<i>Small</i>	50	<i>R6m</i>	<i>R1m</i>	
	<i>Very Small</i>	20	<i>R5.10m</i>	<i>R1.90m</i>	
	<i>Micro</i>	5	<i>R0.20m</i>	<i>R0.10m</i>	
<i>Transport, Storage and communications</i>	<i>Medium</i>	200	<i>R26m</i>	<i>R6m</i>	
	<i>Small</i>	50	<i>R13m</i>	<i>R3m</i>	
	<i>Very Small</i>	20	<i>R3m</i>	<i>R0.60m</i>	
	<i>Micro</i>	5	<i>R0.20m</i>	<i>R0.10m</i>	
Sector or subsector in accordance with the standard Industrial	Size of class	The total fulltime equivalent of paid employees	Total turnover LESS THEN	Total gross asset value (fixed property excluded)	Confirmation by the company Name of the company.....

Classification		LESS THEN		LESS THEN	
<i>Finance and Business Services</i>	<i>Medium</i>	<i>200</i>	<i>R26m</i>	<i>R5m</i>	
	<i>Small</i>	<i>50</i>	<i>R13m</i>	<i>R3m</i>	
	<i>Very Small</i>	<i>20</i>	<i>R3m</i>	<i>R0.50m</i>	
<i>Micro</i>	<i>5</i>	<i>R0.20m</i>	<i>R0.10m</i>		
<i>Community, Social and Personal Services</i>	<i>Medium</i>	<i>200</i>	<i>R13m</i>	<i>R6m</i>	
	<i>Small</i>	<i>50</i>	<i>R6m</i>	<i>R3m</i>	
	<i>Very Small</i>	<i>20</i>	<i>R1m</i>	<i>R0.60m</i>	
<i>Micro</i>	<i>5</i>	<i>R0.20m</i>	<i>R0.10m</i>		

Please ensure that you fully complete the form.

NAME:

SIGNATURE:

DATE: ...23- March- 2018.....