



AfroCentric Group (“AfroCentric”) Enterprise and Supplier Development (“ESD”) Programme

This is the official form for the AfroCentric Group ESD Programme.
Information provided will only be used for the purposes of this programme.
Complete all fields. Tick (v) where appropriate.

Application for ESD Funding | 02 April 2025 and Close: 02 May 2025

Company Representative Details

Name & Surname

Position in the Company

Telephone and/or Cellphone Number

Email Address

Company Details

Name (*As per registration certificate*)

Nature of Business

Has the Company been operating for at least 2 or more years?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is the Black Ownership at least 51% or more?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Business Location (*City and Province*)

Number of Employees

2024 Annual Revenue (*Rands*)

Average Revenue per Month (*Rands*)





Relationship with AfroCentric

Are you an existing Supplier to AfroCentric and/or any of its Subsidiaries?

Yes		No	
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Do you sub-contract any work?

Yes		No	
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If yes, which part of the Business is subcontracted?

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Do you have any relatives working for AfroCentric and/or any of its Subsidiaries?

Yes		No	
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Initiatives and Funding

Are you involved in any Community Support Programs?

Yes		No	
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If yes, provide details of at least 2 initiatives

How many jobs do you plan to create in 2025?

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Have you applied for funding elsewhere in the last 6 months?

Yes		No	
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If Yes, provide details

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Total funding (Rands) applied for?

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COMPULSORY Supporting Documentation | Forward to esd@afrocentrichealth.com

Failure to submit the required documentation will result in the disqualification of the application.

	Required Documents	Tick (v)
1.	Complete (this) Application Form	
2.	Complete attached SBD4 Form (print & return completed SBD4 form by clicking on the link: https://admin.medscheme.co.za/2010/Documents/Storage/26647.pdf)	
3.	Motivation Letter to support funding need	
4.	Business Plan	
5.	Company Profile	
6.	Latest CIPC Disclosure Certificate (<i>not older than 3 months</i>)	
7.	Valid B-BBEE Certificate/Affidavit	
8.	Valid Vat Registration Certificate (<i>VAT 103</i>)	
9.	Valid Tax Clearance Certificate/Pin	
10.	Signed Share Certificates	
11.	CVs and Certified IDs for Directors	
12.	Valid RWOPS (Remunerative Work Outside the Public Service) Certificate (<i>If Applicable</i>)	
13.	Certificates of Affiliation with relevant Associations/Bodies/Councils (<i>If Applicable</i>)	
14.	Proof of Banking: Certified bank statement/Letter from the bank on letterhead (<i>not older than 3 months</i>)	
15.	Financial information: - Latest Audited Financial Statements OR - 12 months Management Accounts (<i>signed/dated by Company Rep</i>)	
16.	Attach Existing Contracts and/or Off-take Agreements and/or Letters of Intent from Clients (<i>Include value and duration</i>)	
17.	Quotes for items you require funding for	

Declaration and Acceptance

Have you ever benefited from AfroCentric Group ESD funding opportunity?

Yes		No	
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Are there any criminal and/or fraud findings against the Company and/or any of the Shareholders/Directors?

Yes		No	
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Is the Company and/or any of its Shareholders/Directors under debt review or consolidation?

Yes		No	
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Are there any judgements against the Company or any of its Directors/Shareholders?

Yes		No	
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Are the Company assets insured?

Yes		No	
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AfroCentric GROUP

Healthier Together

Privacy Statement: Click on the link <https://www.afrocentric.za.com/privacy-statement.php>

(v)

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I have read and understood the statement

I certify that my answers are true and correct. I understand that Due Diligence may be conducted by AfroCentric on the Company and/or its Shareholders/Directors, therefore false or misrepresented information may result in my application being unsuccessful.

Signature: _____

Date: _____

Submit your applications and queries to the ESD Team on esd@afrocentrichealth.com

