



the dtic

Department:  
Trade, Industry and Competition  
REPUBLIC OF SOUTH AFRICA

# Electronic Claim Form

## The Department of Trade, Industry and Competition

### AGRO -PROCESSING SUPPORT SCHEME (APSS)

**Postal Address :**  
Private Bag X86,  
the dti Campus,  
Sunnyside, Pretoria  
0002

**Address :**  
1 Robert Sobukwe (Esselen) Street (Ground Floor)  
Shared Service Centre  
Sunnyside, Pretoria  
0002

**Web Address :**  
[www.thedtic.gov.za](http://www.thedtic.gov.za)  
**Customer Contact Centre :**  
0861 843 384 | +27 (0) 12 394 9500

#### DISCLAIMER AND IMPORTANT NOTICE

- Please read the relevant pages of the guidelines, detailing the terms and conditions and legal implications of completing this form and applying for an incentive under this scheme.
- Entities that make fraudulent applications or claims will be prosecuted to the full extent of the law.

#### PLEASE NOTE THE FOLLOWING BEFORE COMPLETING THE FORM

- Please study the Guidelines.
- Please be aware that the guidelines form part of the agreement with **the dti**.

#### HOW TO COMPLETE THIS CLAIM FORM

- Complete all fields on this claim form.
- One completed, save this form on your desktop and then email claim form with all the required documentation to the email address as provided on **the dti** website - [apssclaims@thedti.gov.za](mailto:apssclaims@thedti.gov.za)

#### SECTION A

#### APPLICANT DETAILS

List of additional information:

1. Fully completed claim form
2. Asset list signed by authorised person.
3. Stamped credit order form.
4. Stamped bank statement.
5. Valid BEE certificate.
6. Employee list on company letterhead and signed by either CEO/CFO/COO.
7. Valid tax clearance certificate.
8. Latest audited or reviewed financial statement prepared by an independent external auditor or accredited person for annual claims.
9. Invoices of machinery and raw materials sourced/ acquired.
10. Raw material list.
11. Factual Fundings Report (FFR).
12. CIPC document.

Reference No. \*

Registered Entity Name \*

Name of project \*

Registration No. \*

Entity Type \*

<select>

Tax Number

VAT Number

Tax Clearance No. \*

Tax Clearance Expiry Date \*

<select date>

Contact Person Details :

Title \*

<select>

Name \*

Position in the Entity

Mobile \*

Telephone \*

Email \*



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Physical Address of the project :

Address Line \*

Suburb \*

Town \*

Province \*

Municipality \*

Code \*

Postal Address of the project :

Address Line \*

Suburb \*

Town \*

Province \*

Municipality \*

Code \*

Minimum Criteria :

Sub Sector \*

Finished Product \*

BROAD-BASED BLACK ECONOMIC EMPOWERMENT B-BBEE

B-BBEE Level \*

Bank Details

Bank Name

If Other, please specify

Account Number

Branch Code

Account Type

Claim Stage

Start Date

End Date

Start Of Production Date

Factory (Square meters) :

	Base Year sq <sup>2</sup>	Addition Year 1 sq <sup>2</sup>	Addition Year 2 sq <sup>2</sup>
Actual area for claim			



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## SECTION B

## OWNERSHIP AND MANAGEMENT

List All Individual Shareholders :

Shareholder Name	ID No.	Country	Share-holding %	Race	Disability	Gender	Youth (Between 18 to 35 years)
		<select>		<select>	<select>	<select>	<select>
		<select>		<select>	<select>	<select>	<select>
		<select>		<select>	<select>	<select>	<select>
		<select>		<select>	<select>	<select>	<select>
		<select>		<select>	<select>	<select>	<select>
		<select>		<select>	<select>	<select>	<select>
		<select>		<select>	<select>	<select>	<select>
		<select>		<select>	<select>	<select>	<select>
<b>Total Individual Shares</b>			0				

List All Legal Entity Shareholders (excluding individual shareholders) :

Shareholder Name <sup>1</sup>	Registration No. <sup>2</sup>	Is Govern-mental Institute	Country	Share-holding %	B-BBEE Level
		<input type="radio"/> Yes <input type="radio"/> No	<select>		<select>
		<input type="radio"/> Yes <input type="radio"/> No	<select>		<select>
		<input type="radio"/> Yes <input type="radio"/> No	<select>		<select>
		<input type="radio"/> Yes <input type="radio"/> No	<select>		<select>
<b>Total Legal Entity Shares</b>				0	

Shareholder Summary :

	African %	White %	Women %	Disability %	Youth %	Foreign %
Shareholders						
Entities						
<b>Total Shares</b>	0					

1. Shareholder's name - if the shareholder is an legal entity then enter the registred entity name else if the shareholder is an individual then enter the shareholders name and surname.

2. If the shareholder is a registred entity then enter the entity registration number else if the shareholder is an individual then enter the shareholders ID number.



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## SECTION C

## PROJECT INFORMATION

Employment :

	Current Employment Base Year **	Additional Employment Year 1	Additional Employment Year 2	Total
Direct Employment				0
<b>Total</b>				0

Employment :

Black		White		Indian		Coloured		Other		Total	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
										0	0
<b>Total ****</b>											0

With Disability:

African		White		Indian		Coloured		Other		Total	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
										0	0
<b>Total ****</b>											0

Youth (Under 36 years):

African		White		Indian		Coloured		Other		Total	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
										0	0
<b>Total ****</b>											0

Claim Milestone:

Activity (e.g. M&E, commercial vehicles and buildings)	Claim One	Claim Two (Annual)	Claim Three	Claim Four (Annual)
<b>Total</b>	0	0	0	0



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Competitiveness Improvement Cost:

Catogories	Description	Purchase Date	Amount Required
Focus Area : Conformity Assessment Certification			
<Select Option>		<select date>	
Accreditation		<select date>	
Focus Area : Information technology systems			
<Select Option>		<select date>	
<b>Total</b>			<b>0</b>

Does the entity comply to all laws including by laws of the country \* &lt;select&gt;

Will you comply with sectoral wage as outlined by the Department of Labour (DOL) \* &lt;select&gt;

What type of skills development are you involved in?

What is the cost related to skills development? What is the entity's TAX contribution if any 

List of locally procured items

Item locally procured	Supplier Name	Black Ownership %	Contact Details	Physical Address	Cost Amount	Percentage (%) is locally procured



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SECTION F

DOMICILIUM AND RESOLUTION

**Domicilium** - Indicate your domicilium citandi et executandi for the serving of legal documents and other notices. \*

I hereby declare that the information in this application is a fair and true reflection of my intended project and that all relevant information has been disclosed. I am aware of the fact that the information which I have submitted above will have a material bearing on the adjudication and if it, therefore, subsequently transpires that any information in the application and addenda was not correct, or that certain information was omitted, the dti shall be entitled to withdraw or amend its approval and without prejudice to its rights, to recover any amounts already paid or to withhold any further payments due.

This application (with any addenda), if successful, will form part of the agreement with **the dti**.

If at a later stage it transpires that information is not correct, the applicant will be held solely responsible for misrepresentation and legal action may be instituted.

I accept the terms and conditions \*

Accepted By \*

Capacity \*

Date Accepted \*

Name of Directors	Signature of Directors

Submit by Email