

Capital Projects Feasibility Programme

Manufacturing Feasibility studies within SA





the dtic

Department:
Trade, Industry and Competition
REPUBLIC OF SOUTH AFRICA

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| Address: 1 Robert Sobukwe (Esselen) Street (Ground Floor) Shared Service Centre Sunnyside, Pretoria 0002 | Postal Address: Private Bag X86, the dtic Campus, Sunnyside, Pretoria 0002 | Web Address: www.thedtic.gov.za Customer Contact Centre : 0861 843 384 +27 (0) 12 394 9500 |
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DISCLAIMER AND IMPORTANT NOTICE

Please read the relevant pages of the application form.

- * The application form must be submitted before any activity applied for, commenced.
- * Entities that make fraudulent applications and claims will be persecuted to the full extent of the law.
- * Application must be signed by the authorised representative of the company and dated before submitted.
- * Specific attention is drawn to **the dtic's** right to cancel any agreements based on incorrect or misleading information provided in this form.

You will receive an Acknowledgement Letter and reference number via the email address provided in this application.

PLEASE NOTE THE FOLLOWING BEFORE COMPLETING THE FORM

- * Please study the CPFP Guidelines.
- * Before submitting your application, ensure you have attached all required documents.
- * When submitting your application, please ensure that you e-mail the electronic copy of the application to the following e-mail address: **cpfp@thedtic.gov.za**

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| How did you find out about the scheme? | |
| <ul style="list-style-type: none"><input type="radio"/> Road show / Exhibition / Pres<input type="radio"/> the dtic group<input type="radio"/> the dtic website<input type="radio"/> Word of mouth<input type="radio"/> the dtic regional office | <ul style="list-style-type: none"><input type="radio"/> Private sector consultant<input type="radio"/> Provincial government<input type="radio"/> Advertisement / TV / Radio / Print<input type="radio"/> the dtic customer contact centre<input type="radio"/> Other |
| If Other, Please Specify | |

Date stamp of receipt



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| FOR the dti ONLY | |
|------------------|--|
| Date of receipt. | |

| SECTION A | APPLICANT PROFILE |
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| | |
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| 1. NAME OF ENTITY (REGISTERED NAME WITH CIPC) | |
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|--------------------------------------|--|
| 2. ENTITY REGISTRATION NUMBER | |
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| 3. ENTITY TYPE (I.E. CC, PTY LTD, HOLDING COMPANY ETC.) | |
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|-----------------------------|--|-----------------------------------|--|
| 4. INCOME TAX NUMBER | | VAT NUMBER (IF APPLICABLE) | |
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| 5. PHYSICAL ADDRESS (WHERE THE BUSINESS OPERATIONS ARE LOCATED) | POSTAL ADDRESS | PROJECT LOCATION | WEB ADDRESS |
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| 6. CONTACT PERSON (1) | |
| CAPACITY | |
| CONTACT DETAILS | TEL NO: |
| | CELL NO: |
| | EMAIL: |



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| 7. CONTACT PERSON (2) | |
| CAPACITY | |
| CONTACT DETAILS | TEL NO: |
| | CELL NO: |
| | EMAIL: |

8. OWNERSHIP STRUCTURE

| SHAREHOLDER / MEMBER/ OWNER (s) | % OWNERSHIP | Disability Y/N | RACE | Youth(18 to 35) | GENDER/ ENTITY |
|------------------------------------|-------------|-------------------|------|--------------------|-------------------|
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9. BROAD-BASED BLACK ECONOMIC EMPOWERMENT

| | |
|---------------------|--|
| B-BBEE LEVEL | |
|---------------------|--|

10. EMPLOYMENT INFORMATION

| Employment | | | | | | | | | | |
|------------|--------|-------|--------|--------|--------|----------|--------|-------|--------|-------|
| White | | Black | | Indian | | Coloured | | Other | | Total |
| Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| | | | | | | | | | | |

| With Disability | | | | | | | | | | |
|-----------------|--------|-------|--------|--------|--------|----------|--------|-------|--------|-------|
| White | | Black | | Indian | | Coloured | | Other | | Total |
| Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
| | | | | | | | | | | |



| Youth (Between 18 and 35) | | | | | | | | | | |
|---------------------------|--------|-------|--------|--------|--------|----------|--------|-------|--------|-------|
| White | | Black | | Indian | | Coloured | | Other | | Total |
| Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | |
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| SECTOR | | SIC CODE 3 |
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| PRODUCTS | SIC CODES | BRIEF DESCRIPTION |
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| SECTION B | PROPOSED PROJECT DETAILS |
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15. AIMS AND OBJECTIVES OF THE PROPOSED PROJECT

16. OUTCOME OF THE PROPOSED PROJECT (LIKELY IMPACT)

17. BRIEF ANALYSIS OF CURRENT COMPETITORS FOR THE ENVISAGED PLANT EXPANSION

18. DESCRIPTION OF AVAILABLE AND REQUIRED RESOURCES (CAPITAL AND HUMAN) TO IMPLEMENT THE PROPOSED PROJECT



19. TECHNICAL OR REGULATORY DEPENDENCIES OF THE PROPOSED PROJECT

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20. MARKET PROSPECTS AND POTENTIAL OF THE ENVISAGED PRODUCTS TO BE PRODUCED AT THE NEW FACILITY (I.E. DOMESTIC AND OR EXPORT SALES POTENTIAL PER ANNUM AND IF ANY OFFTAKE AGREEMENTS ARE IN PLACE FOR THE AFFECTED PRODUCTS)

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21. LINKAGES TO EXISTING OR PLANNED INFRASTRUCTURE THAT MAY IMPACT ON THIS PROJECT (I.E. ROAD RESERVE UPGRADE, SUBSTATION UPGRADE ETC.)

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22. ESTIMATED PROJECT COSTS, POSSIBLE SOURCES OF FUNDING STRUCTURING FOR THE PROPOSED PROJECT (THE EXPECTED PROJECT MINIMUM INVESTMENT SHOULD AT LEAST BE R15M)

| ESTIMATED PROJECT COST BREAKDOWN | AMOUNT (ZAR) | POSSIBLE FUNDING SOURCES | % ESTIMATED SA LOCAL CONTENT* |
|-------------------------------------|--------------|--------------------------|----------------------------------|
| TOTAL PROFESSIONAL COST | | | |
| TOTAL CAPITAL COST | | | |
| TOTAL PROJECT COST | | | |



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*** PLEASE COMPLETE THE LOCAL CONTENT CALCULATION SHEET FOR THE DETAILED ESTIMATIONS.**

23. DESCRIPTION OF ANY OTHER REQUIREMENTS FOR THE PROPOSED PROJECT TO BE SUCCESSFUL

24. POSSIBLE IDENTIFIED RISKS AND MITIGATING FACTORS TO THE PROPOSED PROJECT

| SECTION C | PROPOSED FEASIBILITY STUDY |
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25. PROVIDE INFORMATION REGARDING THE PRE-FEASIBILITY STUDY CONDUCTED, INDICATING COSTS, EXTENT AND OUTCOME

SCOPE OF THE FEASIBILITY STUDY:

COMPLETION DATE:



OUTCOME:

ESTIMATED FINANCIAL RETURN (I.E. ANTICIPATED NPV AND PAYBACK PERIOD OR OTHER INDICATORS OF FINANCIAL VIABILITY):

26. PROVIDE DETAILED INFORMATION REGARDING THE REQUIRED PERMITS/MOU'S/MOA'S REQUIRED FOR IMPLEMENTING THE PROJECT

27. ESTIMATED PROJECT COSTS, POSSIBLE SOURCES, STRUCTURING OF FUNDING FOR THE PROPOSED PROJECT AND ABILITY TO SECURE FINANCE. (COSTS FOR EXAMPLE: TO PROVIDE FOR THE INFRASTRUCTURE, POWER SUPPLY, WATER SUPPLY, EQUIPMENT, TRANSPORT ETC.)

| ESTIMATED PROJECT COSTS | QUANTITY | TOTAL AMOUNT (RAND) | ESTIMATED PERCENTAGE OF SA CONTENT (%) | ESTIMATED BENEFIT TO THE SA ECONOMY(RAND) |
|---|----------|---------------------------|--|---|
| ESTIMATED PROJECT COSTS BREAKDOWN: | | | | |
| LAND ACQUISITION | | | | |
| PROFESSIONAL SERVICES | | | | |
| POWER SUPPLY | | | | |



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| WATER SUPPLY | | | | |
| EQUIPMENT | | | | |
| MANPOWER | | | | |
| MATERIALS | | | | |
| CONTINGENCIES | | | | |
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| TOTAL CAPITAL EXPENDITURE | | | | |
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| OPERATIONAL EXPENDITURE | | | | |
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| TOTAL OPERATIONAL EXPENDITURE | | | | |

28. POSSIBLE SOURCES, STRUCTURING OF FUNDING FOR THE PROPOSED FEASIBILITY PROJECT

| TYPE | PERCENTAGE (%) | POSSIBLE SOURCES |
|--------------|----------------|------------------|
| DEBT | | |
| EQUITY | | |
| OTHER | | |
| TOTAL | 100% | |

29. PROPOSED FEASIBILITY STUDY PROJECT WORK SCHEDULE

| KEY ACTIVITIES | | START DATE | | | END DATE | | |
|----------------|--|------------|----|------|----------|----|------|
| | | DD | MM | YYYY | DD | MM | YYYY |
| 1 | | | | | | | |



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30. PROPOSED FEASIBILITY STUDY COSTS RELATED TO THE ABOVE MILESTONES

| | ACTIVITIES | MILESTONE DESCRIPTION | COST | % SA LOCAL CONTENT |
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| SECTION D | | FEASIBILITY STUDY GRANT CALCULATION | | |
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31. QUALIFYING GRANT AMOUNT

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| SIZE OF ENTERPRISE (TOTAL NET ASSETS) | R | X 70% (LESS THAN R30 MILLION) |
| | R | X 50% (MORE THAN R30 MILLION) |
| | ESTIMATES GRANT TOTAL: R | |

| | | |
|---|--------------------------|------|
| ESTIMATED PROJECT COST (CAPEX + OPEX) | R | X 5% |
| | ESTIMATES GRANT TOTAL: R | |

| | |
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| TOTAL GRANT AMOUNT REQUESTED | R |
| CONTRIBUTION BY APPLICANT | R |
| TOTAL FEASIBILITY STUDY COST | R |

32. PROPOSED FEASIBILITY STUDY TEAM (CORE PROFESSIONAL TEAM ONLY)

| NAME & SURNAME | QUALIFICATIONS | ROLE & RESPONSIBILITIES | EXPERIENCE (YEARS) |
|----------------|----------------|-------------------------|--------------------|
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| SECTION E | DECLARATION OF APPLICANT | | |
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33. DECLARATION

NOTE: The information contained in this application form will be used as the basis of approval or declining the application, monitoring of impact by both the infrastructure and the envisaged investment project. It will be integral to the contract between **the dtic** and the applicant. If, upon review, the facts differ significantly from the information provided in the application form, to the extent that mandatory requirements or points criteria are no longer met, the funding approved with respect to this application shall be withdrawn, and in addition to the funds already disbursed, the applicant shall be required to pay to **the dtic** a fair value of interest calculated in respect of the total funds already disbursed at the time of such withdrawal. Consequently, it is in the interest of the applicant to provide full and accurate information in this application form.

I hereby declare that the information in this application is a fair and true reflection of the 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 of the application and if it subsequently transpires that any information in the application and addenda is not



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correct, or that certain information was omitted, the Adjudication Board shall render the application invalid and be entitled to withdraw or amend its approval, without prejudice to its rights. This application (with any addenda), if successful, will form part of your contract with the Department of Trade and Industry.

NOTE: The applicant must ensure that the information provided is correct before signing the application. If at a later stage it transpires that any information is not correct, the applicant will be held solely responsible for misrepresentation and the Department of Trade Industry and Competition reserves its right to institute legal action.

SIGNED

CAPACITY / DESIGNATION

(Signature of Chief Executive Officer / Managing Director / General Manager of the entity in terms of the attached resolution of the Board members in Annexure C)

NAME OF THE APPLICANT IN PRINT

DATE



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| SECTION F | APPLICATION SUPPORTING DOCUMENTATION |
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34. APPLICATION CHECK LIST

| PLEASE CHECK THAT THE DOCUMENTS ARE INCLUDED BEFORE SUBMITTING YOUR APPLICATION. | MARK WITH A "TICK" |
|---|--------------------|
| VALID B-BBEE CERTIFICATE OF COMPLIANCE OR AFFIDAVIT WHERE APPLICABLE; | |
| VALID TAX CLEARANCE CERTIFICATE; | |
| PROOF OF THE NECESSARY PERMITS/ LICENCE (MOU ETC.) | |
| STRUCTURE OF THE SPV ENTITY (IF APPLICABLE) | |
| AUDITED OR INDEPENDENTLY REVIEWED FINANCIAL STATEMENTS FOR ENTITIES | |
| CURRICULUM VITAE OF THE MAIN STUDY TEAM MEMBERS; | |
| COPY OF THE PRE-FEASIBILITY STUDY REPORT (NOT MORE THAN TWO YEARS OLD); | |
| ENTITY PROFILE; | |
| COPY OF SIGNED MOU, MOA, JOINT VENTURES AND OFF-TAKE AGREEMENTS. | |
| APPLICANT COMPANY REGISTRATION DOCUMENT; | |
| COMPLETED LOCAL CONTENT VALUE ESTIMATED SHEET | |
| BOARD RESOLUTION INDICATING THE FINANCIAL COMMITMENT TO UNDERTAKE AND CO-FINANCE THE FEASIBILITY STUDY; | |
| LETTER(S) OF INTENT FROM POTENTIAL FINANCERS AND MARKET OFF-TAKE AGREEMENTS. | |
| VALID JV OR OTHER PARTNERSHIP AGREEMENT/S WITH IMPLEMENTATION PARTNERS (IF APPLICABLE) | |