

SPOT 010 - Application for Funding from samaf

Please complete this information and return it to your Provincial Office.

PART 1 ORGANISATIONAL INFORMATION

Contact Information	
Name of Organization	
Physical address of Organization	
Postal address of Organization	
Telephone	
Fax Number	
e-mail address	

Regulatory Information	
Registration / Incorporation number	
Type of organisation e.g. Financial Services Cooperative, Section 21, Trust, Unregistered etc.	
Deposit-taking Regulator	
SARS Tax Reference Number	
VAT Reference Number (If applicable)	
When was the organisation formed	
Date business commenced	

PART 2 STRATEGIC SUMMARY

Background on Organization
Who started the organization?
If a cooperative, how many members do you currently have?
What are the vision and objectives of the organisation?
For whom was it formed to assist (Target Groups)?
Which products & services are currently offered?
Where is the Organization located? Which areas, regions, districts does it service currently ?
What are the key challenges and needs of the region where the organisation operates?

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PART 3 FINANCIAL INDICATORS

Scale and Profitability

FOR COOPERATIVES – MEMBERS AND SAVERS

No. of Members	
Total Share Capital of Members	
No. of Active Savings Accounts	
No. of Inactive Savings Accounts (no activity for 180 days)	
Total Savings Balances	

FOR COOPERATIVES AND MFIS - BORROWERS

No. of Active Loans	
Loan Book Outstanding	
Loan Methodology (Group or Individual)	
Portfolio at Risk > 30 days	

ALL ORGANIZATIONS

Total Assets	
Total Liabilities	
Operating Profit (Loss) last fiscal year	
Do you have audited financial statements?	
Do you keep monthly management accounts?	

Funding			
Are you receiving funding at the present time?		Yes/No	
If yes, please list the following details			
Source	Current Year Funding	Total to date	Cost

PART 4 ORGANISATIONAL CAPACITY

Staff, Board, and Infrastructure			
What is the number of staff currently employed? FT and PT			
Name of Current General Manager or Managing Director			
Years with this Organization			
Previous Years Experience in Microfinance			
How many individuals sit on your Board or Committee?			
How often does this Board meet?			
Do you maintain minutes of meetings?			
Has a SAMAF relationship been discussed and agreed upon with the board of directors? (Attach minutes)			
From where does your organization work ? (office or other)			
What is the distance from the office to the furthest area serviced by the organisation? (tick the appropriate box)			
Less than 20 km	Between 30-50 km	Between 50-100 km	More than 100 km

PART 5 ENCLOSING DOCUMENTATION

Please Enclose copies of the following documents	
	Include: (Yes/No)
Copy of Registration Certificate (certified)	
Constitution/Bylaws or Memorandum and Articles of Association	
Audited Financial Report for the Past Year (if available)	
Tax Clearance Certificate (certified)	
Last three months Bank Statements (certified copies)	
Board Resolutions for agreement to apply to SAMAF for assistance.	

PART 6 SIGNATURE OF APPLICANTS

Chairperson Full Name		Physical Address
ID Number		
Cellphone		
Email Address		Signature

Secretary Full Name		Physical Address
ID Number		
Cellphone		
Email Address		Signature

Treasurer Full Name		Physical Address
ID Number		
Cellphone		
Email Address		Signature

Manager (or other) Full Name		Physical Address
ID Number		
Cellphone		
Email Address		Signature