

Thank you for indicating your interest in applying for the Gola Enterprise Development Programme. The Gola Programme is an intensive Enterprise Development Programme sponsored by Assmang (Pty) Ltd Blackrock Mine Operations to develop selected SMME's who operate in **non-mining related** industries. Kindly note that only qualifying companies who participated in the RFI process and **submitted all the required documentation** will be considered for the Gola Programme. Kindly ensure that you complete the whole application form (Page 1 – Page 14) in order to apply for the programme. After the application process a formal selection process will be followed. Please note that the completion of this form **does not** automatically include your company in the programme. All applications must be submitted by no later than **13:00 on Friday 06 June 2025** at info@golaprogramme.co.za or online at www.golaprogramme.co.za. **PLEASE NOTE THAT NO LATE OR INCOMPLETE SUBMISSIONS WILL BE CONSIDERED.**

SECTION A

Please indicate which answer is correct by making an x in the appropriate box.

1.) Is the business a small, medium or micro enterprise? (Annual turnover of less than R50 million and classified as an EME or QSE as per the B-BBEE Codes of Good Practise.)

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

2.) Does the business have 51% or more black ownership?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

3.) Does the business have 51% or more black female ownership?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

4.) Does the business have 51% or more black youth ownership?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

5.) Are any of the business owners a disqualified or delinquent director?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

6.) Are the business owners able to trade and operate without limitation within the Republic of South Africa?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

7.) If you answered No above in question 6 above, please give the name(s) of the director(s) who cannot trade / operate without limitation in the Republic of South Africa and the reason(s):

8.) Are the business owner(s) operating more than one business?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

9.) If you answered Yes in question 8 above, please give a brief description of other businesses / business activities:

10.) Are the business owners full time involved in the business?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

11.) If you answered No in question 10 above, please indicate whether the business owners are willing to be full time involved if the business is selected for the Enterprise Development Programme?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

12.) Have any of the owners, directors or founding members of the business previously benefitted from any other Enterprise Development Programme sponsored by Assmang (Pty) Ltd?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

13. If you answered Yes in question 12 above, please give a brief description:

14. For how long has the business been operational and trading: _____

15. Where is the business situated (Town and Municipality): _____

16. Is the business currently part of another enterprise development / supplier development / incubation programme?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

17. If you answered Yes above in question 16, please give a brief description, as well as a description of any previous enterprise development / supplier development / incubation programmes completed:

18. Is the business currently registered as a supplier on the Assmang (Pty) Ltd – Blackrock Mine Operations database?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

19. If you answered Yes in question 18 above, please provide the vendor number and a brief description of the goods or services supplied to Assmang (Pty) Ltd – Blackrock Mine Operations:

Vendor Number: _____

Goods/Services: _____

20. Please provide a list of other mines / solar farms (If applicable) to whom the business is currently supplying goods or services, and please specify which goods or services are being supplied:

21. If selected for the Enterprise Development Programme, are you willing to sign a Blackrock Enterprise Development Beneficiary Agreement?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

22. Has the company or any of the directors ever been placed under administration?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

23. If you answered Yes in question 22 above, please give the name(s) of the director(s) who was placed under administration and a brief description:

24. Please underline the applicable description: The business has a **good / average / bad** credit record. Please give a brief description:

25. Are you willing to give consent to a credit check?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

26. Does any of the business owners have a criminal record?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If you answered Yes in question 26 above, please give a brief description:

Name of Owner Who Was Convicted of Offence	Year When Offence Was Committed and Description of Offence	Description of Sentence

27. Are you willing to give consent for a criminal record check?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

28. Are you, a family member, or any other related person employed by Assmang (Pty) Ltd – Blackrock Mine Operations?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If you answered Yes in question 28 above, please provide details:

Name and Surname: _____

Position: _____

Department: _____

Contact Details: _____

This is the end of section A. Please continue to section B below.

SECTION B

COMPANY DETAILS	
REGISTERED COMPANY NAME	
TRADING NAME	
REGISTRATION NUMBER	
CONTACT NUMBER	
BUSINESS ADDRESS	
POSTAL ADDRESS	
EMAIL ADDRESS	
PLEASE GIVE A BRIEF DESCRIPTION OF THE COMPANY	
PLEASE LIST THE CORE PRODUCTS / SERVICES THE BUSINESS PROVIDES	

OWNERSHIP DETAILS

NAME AND SURNAME	I.D NUMBER	GENDER	POSITION	% SHARE	% TIME DEVOTED TO BUSINESS

CONTACT PERSON DETAILS

NAME AND SURNAME	
CONTACT NUMBER	
EMAIL ADDRESS	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	

COMPANY REGISTRATION AND COMPLIANCE DETAILS (PLEASE INDICATE WITH N/A WHERE NOT APPLICABLE)

COMPANY REGISTRATION NUMBER	
COMPANY INCOME TAX NUMBER	
UIF NUMBER	
VAT NUMBER	

PAYE NUMBER					
SKILLS DEVELOPMENT LEVY NUMBER					
LETTER OF GOOD STANDING NUMBER (COIDA)					
TAX CLEARANCE PIN					
BANK ACCOUNT DETAILS					
IS THE COMPANY IN GOOD STANDING WITH SARS?	<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>				
NO	<input type="checkbox"/>				
DOES THE COMPANY HAVE AN OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT FILE?	<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>				
NO	<input type="checkbox"/>				

BUSINESS INSURANCE					
IS THE BUSINESS INSURED?	<table border="1"> <tr> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>				
NO	<input type="checkbox"/>				
PLEASE PROVIDE BRIEF DESCRIPTION IF INSURED (INCLUDING PROFESSIONAL INDEMNITY, PUBLIC LIABILITY COVER, AMOUNT COVERED)					

TURNOVER	
WHEN IS THE FINANCIAL YEAR END OF THE BUSINESS?	
ANNUAL TURNOVER FOR 2022	
ANNUAL TURNOVER FOR 2023	
ANNUAL TURNOVER FOR 2024	
TURNOVER DURING THE PAST 6 MONTHS	

HUMAN RESOURCE					
DOES THE BUSINESS HAVE A CODE OF CONDUCT?	<table border="1"> <tr> <td>YES</td> <td></td> </tr> <tr> <td>NO</td> <td></td> </tr> </table>	YES		NO	
YES					
NO					
DOES THE BUSINESS HAVE SIGNED EMPLOYEE AGREEMENTS WITH THE STAFF?	<table border="1"> <tr> <td>YES</td> <td></td> </tr> <tr> <td>NO</td> <td></td> </tr> </table>	YES		NO	
YES					
NO					
HOW MANY STAFF IS EMPLOYED FULL TIME (INCLUDING OWNERS AND DIRECTORS):					
HOW MANY STAFF IS EMPLOYED PART-TIME:					

OPERATIONAL READINESS					
DOES THE COMPANY HAVE ITS OWN BUSINESS PREMISES?	<table border="1"> <tr> <td>YES</td> <td></td> </tr> <tr> <td>NO</td> <td></td> </tr> </table>	YES		NO	
YES					
NO					
DOES THE COMPANY HAVE IT-INFRASTRUCTURE?	<table border="1"> <tr> <td>YES</td> <td></td> </tr> <tr> <td>NO</td> <td></td> </tr> </table>	YES		NO	
YES					
NO					
BRIEFLY DESCRIBE THE ASSETS (VEHICLES, EQUIPMENT AND INFRASTRUCTURE) OF THE BUSINESS					
PLEASE RATE THE POTENTIAL OF THE BUSINESS TO EXPAND	<div>1 2 3 4 5</div>				
PLEASE MOTIVATE YOUR ANSWER ABOVE					
WHAT DOES THE BUSINESS REQUIRE TO EXPAND?					

WHAT ARE THE GREATEST CHALLENGES THE BUSINESS IS FACING?	

MANAGEMENT AND KEY STAFF MEMBERS			
NAME AND SURNAME	POSITION	QUALIFICATION (HIGHEST SCHOOLING COMPLETED / DEGREE / DIPLOMA)	EXPERIENCE (INCLUDES PREVIOUS WORK / MANAGEMENT EXPERIENCE)

TRACK RECORD (Please provide a list of current or previous contracts / projects completed)				
CUSTOMER NAME	CUSTOMER REPRESENTATIVE NAME AND CONTACT DETAILS	CONTRACT / PROJECT DESCRIPTION	CONTRACT / PROJECT START AND COMPLETION DATE	ESTIMATED CONTRACT / PROJECT VALUE

Please explain why you think the business should be part of the Gola Enterprise Development Programme. (Maximum of 200 words.)

DECLARATION

Your application form must be signed by an authorised representative of the business.

I hereby duly declare that:

1. I am authorised to sign this declaration on behalf of _____
(Name of Business)
2. The information provided in this application form is true and correct to the best of my knowledge.
3. I hereby give consent to Phil 4 Consulting (Pty) Ltd and Assmang (Pty) Ltd – Blackrock Mine Operations to access, use, process and store this application form and other information submitted as part of the Gola Programme application process. Your information will be treated as confidential. If successful, you need to consent to the following:
 - Collection of photographic and video footage for marketing purposes;
 - Provision of financial information for the duration of the programme;
 - Ongoing provision of annual financial figures for the 2 years after the completion of the programme as part of Monitoring and Evaluation.
4. I understand that it is the sole discretion of Phil 4 Consulting (Pty) Ltd and Assmang (Pty) Ltd – Blackrock Mine Operations to select beneficiaries for the Gola Programme and that the decision of the selection committee is final.
5. I understand that the completion and submission of this application form and related documentation does not automatically include my business in the Gola Programme.
6. I understand that only successful applicants will be contacted.
7. I understand that this declaration is binding on my conscience, and that any inaccuracy or misrepresentation of facts may constitute a criminal offence.

Signature_____

Full name_____

Position_____

Date_____

This is the end of section B. Please continue to section C below.

SECTION C

Please submit the completed application form and signed declaration of conflict-of-interest form (Page 12) **WITH SUPPORTING DOCUMENTS** at info@golaprogramme.co.za or complete the form online at www.golaoprogramme.co.za no later than **13:00 on 06 June 2025**. **Kindly note that it is a requirement that ALL SUPPORTING DOCUMENTATION must be submitted together with the application form. No late submissions will be accepted. All late or incomplete applications will automatically be disqualified.** Enquiries, please contact us at info@golaprogramme.co.za.

Kindly mark below which documents are annexed to the Application Form:

SUPPORTING DOCUMENTS REQUIRED	ANNEXED	NOT APPLICABLE
Customer References (At Least Three)		
CVs of Owners and Management		
Bank Verification Letter (Not older than 3 Months)		
Six Months' Bank Statements for Business		
Signed Declaration of Conflict of Interest		

DECLARATION OF CONFLICT OF INTEREST

I _____ in my capacity as _____ for and on behalf of _____
(hereinafter referred to as the Company) signed on _____ at _____ hereby
declare that:

1. no member, shareholder, partner, director and/ or employee of the Company or any of its affiliates, has a *perceived, potential or actual conflict of interest* that impacts the Company's capacity to serve the best interest of Assmang (Pty) Ltd – Blackrock Mine Operations and its direct or indirect subsidiaries.
2. Examples of such conflicts of interest include, but not limited to, the following:
 - a. A direct or indirect financial interest in any of the companies comprising Assmang (Pty) Ltd – Blackrock Mine Operations;
 - b. A direct or indirect conflict of interest which may arise in respect of the implementation of development initiatives herewith applied for;
 - c. Any affiliation with or family relation of any shareholder, director, or employee of any company comprising Assmang (Pty) Ltd – Blackrock Mine Operations. If so, please state particulars of such perceived, potential or actual conflict of interest

Any changes to a potential, perceived or actual conflict of interests declared by the Company during the implementation of the enterprise development initiative shall be notified by the Company completing a new declaration form and submitting it to the Corporate Social Responsibility Manager.

NOTE: This declaration should be signed and dated by an authorised representative of the Company. Please state the position of the person signing.

Signed on this the _____ day of _____ 2025 at _____.

Signature

Full Name and Surname of Signatory: _____

Position held at the Applicant: _____
