

Export Market and Investment Assistance (EMIA)

(PMR, FDI, IE, IP & IIBM)

APPLICATION FORM

Please note the following before completing the form:

1. Ensure you have read this form fully and understood it before you begin to fill it in. All questions must be answered.
2. The application form must be submitted before any activities applied for, commenced.
3. Applications must be signed by the authorised representative of the enterprise / company and dated.
4. Before submitting your application, ensure you have attached all required documents.
5. It is mandatory to read through the document: Export Marketing and Investment Assistance Guideline and understand the requirements. (the document is obtainable from **the dti** website.)
6. An Export Marketing Plan must accompany this form, please refer to the Guidelines
7. It is important that you provide us with all the correct and complete information to ensure that your application is processed quickly and efficiently.
8. When submitting your signed application, please ensure that you e-mail the electronic copy of the application to **the dti** at following e-mail address: **EMIA@thedti.gov.za** (Please don't send any queries to this e-mail address)

How did you find out about the Export Market and Investment Assistance scheme?

(Select the applicable block below and mark it with a "X".)

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Road Show/Exhibition/Presentation | <input type="checkbox"/> | <input type="checkbox"/> TEO Private Business Consultation |
| <input type="checkbox"/> | <input type="checkbox"/> TEO Regional Office | <input type="checkbox"/> | <input type="checkbox"/> the dti Group |
| <input type="checkbox"/> | <input type="checkbox"/> Advertisement: TV, Radio, Print | <input type="checkbox"/> | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> | <input type="checkbox"/> Private Sector Consultant | <input type="checkbox"/> | <input type="checkbox"/> dti Website |
| <input type="checkbox"/> | <input type="checkbox"/> the dti Customer Contact Centre | <input type="checkbox"/> | <input type="checkbox"/> Other - Specify <input type="text"/> |

Please return completed forms by registered mail or by courier/hand deliver to:

The Enterprise Organisation
Department of Trade and Industry
Private Bag X86
Pretoria 0001

the dti Campus:
EMIA - TEO
Utangamiri Building
Sunnyside,
Pretoria 0002

Website: www.thedti.gov.za

• Customer Contact Centre: 0861 843 384

INITIAL OF CLERK

DATE STAMP
OF RECEIPT

Version: 1,5

The EMIA Scheme is a Department of Trade and Industry Incentive Scheme aimed at growing exports

Select the applicable incentive sub programme for your application by entering a "X" in the box

- | | |
|--|---|
| 1. Primary Market Research (PMR) | X |
| 2. Foreign Direct Investment (FDI) | |
| 3. Individual Exhibitions (IE) | |
| 4. In-Store-Promotions (IP) | |
| 5. Individual Inward Bound Missions (IIBM) | |

The applicable incentive sub programme your selected was:

Primary Market Research (PMR)

Please complete the following sections below for this application

A B C D E H

APPLICANT PROFILE

SECTION A : ENTERPRISE DETAILS

- | | | | |
|--|--|-------------------------|--|
| 1. Registered Name of the Business / Entity in full: | | | |
| 2. Registered Trading Name of the Business / Entity in full: | | | |
| 3. Business registration number: | | 4. Business Start Date: | |
| 5. Export registration number: | | 6. Income Tax Number: | |
| 7. Type of Company (Select from list): | | | |

CONTACT DETAILS

- | | | | | | |
|----------------------|----------|-------------------|-----------|---------|--------|
| 8. Contact Person : | | | Position: | | |
| 10. Contact details: | Tel.No: | | Fax.No: | | |
| | Cell No: | | | Code | Number |
| | | Code | Number | E-mail: | |
| | | Web Site Address: | | | |

- | | | |
|---|-----------------|--|
| 11. Principal Physical Address (where the business operations are located): | Address line 1: | |
| | Address line 2: | |
| | Address line 3: | |
| | Postal Code: | |

- | | | |
|---------------------|-----------------|--|
| 12. Postal address: | Address line 1: | |
| | Address line 2: | |
| | Address line 3: | |
| | Postal Code: | |
| | 13. Province: | |

| Ownership | | | | | |
|---------------------------------|--------------------------------|--------------------|-------------------|------|-----------------|
| Shareholder / Member / Owner(s) | ID Number / Company Reg.No. | Disabled Yes/No | % of Shareholding | Race | Gender / Entity |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | 0,00% | | |

EMIA applicants for assistance must disclose information on related parties where the one party can exercise *significant / insignificant / substantial / insubstantial influence* over another party in making financial and operating decisions or can exercise control or joint control over the other party. Please list information on related parties.

| |
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| |

| Enterprise's annual turnover for the last three years: | | |
|--|------------------------|--------------------------------|
| Previous Financial Year | Current Financial Year | Projection next Financial Year |
| | 1 | 2 |
| | | |

Number of employees:

Operational assets (Total Assets value excluding Land and Buildings):

Sector (Select from the dropdown list): **Manufacturing**

Sub-Sector (Select from the dropdown list): **MANUFACTURE OF BASIC METALS, FABRICATED METAL PRODUCTS, MACHINERY AND EQUIPMENT AND OF OFFICE ACCOUNTING AND**

| Details of products or services | | | |
|-------------------------------------|----------------------|------------------------|--------------------|
| Description of Products or Services | SIC Code Description | Value in full rands | Local Content % |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | R 0 | |

| | |
|-------|-----|
| Total | R 0 |
|-------|-----|

SECTION B : CONSULTANT DETAILS (Entity who was appointed to assist with this specific application)

| | | | | | |
|--------------------------|--|--|--|----------------|--|
| Name of Consulting Firm: | | | | Contact Person | |
| Registration Number | | | | Company Type | |

| | | | | | | |
|------------------|------------------------|-----------------|------------------------|-----------------|------------------------|----------------|
| Telephone Number | | Fax Number | | Cell Number | | E-Mail Address |
| | | | | | | |
| Code eq. 011 | Number eq. 789 1234 | Code eq. 011 | Number eq. 789 1234 | Code eq. 011 | Number eq. 789 1234 | |

SECTION C : EVENT DETAILS

| | | | | | | | | | | |
|--------------------------------------|--|--|--|-------|------------------------------------|--|--|--|--|--|
| Name of Event: | | | | | | | | | | |
| Country: | | | | City: | | | | | | |
| Country: | | | | City: | | | | | | |
| Country: | | | | City: | | | | | | |
| Country: | | | | City: | | | | | | |
| Country: | | | | City: | | | | | | |
| Duration: Start date (CCYY/MM/DD) | | | | | Duration: End date (CCYY/MM/DD) | | | | | |

If this date field is coloured "PINK"
the period is invalid)

| | |
|---|--|
| Name of the proposed decision maker at the Event: | |
|---|--|

Must be from SA

SUMMARY OF THE EXPORT MARKETING PLAN

| |
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| |
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SECTION D : EMIA FINANCIAL ASSISTANCE REQUIRED

Will you receive any other financial support from other sources towards activities for which you are applying for support from the EMIA Programme?

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| |
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SECTION E : ASSISTANCE FOR : Primary Market Research & Foreign Direct Investment

| Description of Expenditure | Estimated Rand Value of Expenditure | |
|---|-------------------------------------|--|
| Economy Class Airfare | | |
| Subsistence Allowance @ R 2 000 for 2 Days | R 4 000 | |
| Transport cost of samples | | |
| Marketing Materials | | |
| Registration of a Product in a Foreign Market | | |
| Total | R 4 000 | |

| | | | | |
|--|------------------|--|--|--|
| Information of the three Quotations for Travel | Service Provider | | | |
| | Amount | | | |

| | | | | |
|---|------------------|--|--|--|
| Information of the three Quotations for Marketing Materials | Service Provider | | | |
| | Amount | | | |

In case of an Investment trip, please provide the following:

| Number of jobs created | Expected date of investment (CCYY/MM/DD) | % of Shares on offer | Value of Shares on offer |
|------------------------|--|----------------------|--------------------------|
| | | | |

Synergies between local and foreign investor

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SUPPORT DOCUMENTATION REQUIRED FOR Primary Market Research & Foreign Direct Investment Refer Guidelines for descriptions of documentation

The following documentation must be attached to the hard copy of this application form. Please mark with a "X" if included with the submission

PMR linked Exhibition: copy of the event brochure

| | |
|--|---|
| | Conference: copy of the conference proceedings, plenary notes |
| | Certificate of registration issued by the Commissioner of Customs and Excise |
| | Proof of registration of the enterprise |
| | Comprehensive colour brochure or CD ROM of the relevant products marketed by the company. (PMR only) |
| | Financial Documentation |
| | Export Market Plan |
| | A formal outsource agreement or proof that your enterprise is the legal owner of the product/design or patent in the case where the enterprise is outsourcing it's manufacturing process (where applicable) |
| | Itinerary |
| | Confirmation letters of appointments |
| | 3 Air ticket quotations, from the service providers of your choice |
| | 3 Quotations pertaining marketing materials |

SECTION H : DECLARATION BY THE APPLICANT

I hereby declare that the information in this application is a fair and true reflection of our intended project. I am aware of the fact that the information which we have submitted above will have a material bearing on the adjudication of the application and if it therefore subsequently appears that any information in the application with addendum was not correct, or that certain information was omitted, the Adjudication Committee shall be entitled to withdraw or amend its approval and without prejudice to its rights, to recover any amounts already paid or to withhold further payments due.

SIGNED

CAPACITY / DESIGNATION

NAME OF APPLICANT / RESPONSIBLE OFFICIAL IN PRI

DATE