



sefa Product Application Form

sefa

Small Enterprise Finance Agency

Accessible Development Finance

LOAN APPLICATION FORM

SECTION A: COMPANY INFORMATION

(To be completed by borrowing legal entity)

COMPANY DETAILS

CIPC Registered Name														
Trading Name														
Type of Business						Industry (Sector)								
Registration Number						Registration Date	D	D	M	M	C	C	Y	Y
Telephone Number						Fax Number								
E-mail Address														
VAT Registration Number						Tax Reference Number								
Physical Address														
						Province						Code		
Postal Address														
						Province						Code		
Should sefa contact you for telemarketing purposes?	Yes <input type="checkbox"/>		No <input type="checkbox"/>											
Period in Business (Years)						Number of Current Employees								
New jobs expected to be created														
How did you hear about sefa ? (Tick applicable box)	Roadshow <input type="checkbox"/>		Radio <input type="checkbox"/>		Word of Mouth <input type="checkbox"/>		Outdoor Advertising (e.g. Billboard, Pamphlet, etc.) <input type="checkbox"/>							
	Print Media (e.g. Magazine, Newspaper advert, etc) <input type="checkbox"/>					Other (please specify) <input type="text"/>								
Indicate how you would prefer to receive copies for your legal documents. (Tick applicable box)														
Collecting in person at sefa's offices?	<input type="checkbox"/>	Post	<input type="checkbox"/>	Fax	<input type="checkbox"/>	()	-	E-mail	<input type="checkbox"/>					

CONTACT PERSON/COMPANY REPRESENTATIVE

Title (Prof/Dr/Mr/Ms)			Surname				First Name(s)					
Contact Number(s)	Cell	()	-	Tel	()	-	Fax	()	-			
E-mail												

MEMBERS/SHAREHOLDER DETAILS

Full Name(s) and Surname	Percentage Shareholding

COMPANY BRIEF BACKGROUND INFORMATION (Should you require more space please attach a separate page)

FINANCIAL INFORMATION¹

Total Finance Required									
Owners' Contribution (Unencumbered)								Source of Funds	
Financial Year End of Business	D	D	M	M	C	C	Y	Y	

PERIODIC ABRIDGED FINANCIAL STATEMENT (Not applicable to Start-up businesses) (Less means a negative value that must be preceded by a minus sign. e.g - 1200 without any spaces or characters)

	Current Financial Year	Previous Financial Year	Previous Financial Year	Previous Financial Year	Previous Financial Year
Gross Turnover	R	R	R	R	R
Gross Profit	R	R	R	R	R
(Less) Gross Operating Expenses	R	R	R	R	R
Net Profit	R	R	R	R	R
ASSETS AND LIABILITIES					
Total Value of Fixed Assets	R	R	R	R	R
Total Value of Current Assets	R	R	R	R	R
(Less) Total Value of Current Liabilities	R	R	R	R	R
(Less) Total Value of Long Term Liabilities	R	R	R	R	R
Networth	R	R	R	R	R

REFERENCES

BANKING DETAILS OF THE COMPANY

Name of Bank	
Branch	
Type of Account	
Account Number	
Facilities	
Security Held by Bank	

¹ Please attach financial statements - if available

TRADE ACCOUNTS

Title & Name of Contact Person				Title & Name of Contact Person			
Name of Business				Name of Business			
Contact Numbers	Cell	()	-	Contact Numbers	Cell	()	-
	Tel	()	-		Tel	()	-
	Fax	()	-		Fax	()	-
E-mail Address				E-mail Address			
Type of Account	Cash	<input type="checkbox"/>	Credit <input type="checkbox"/>	Type of Account	Cash	<input type="checkbox"/>	Credit <input type="checkbox"/>

PROFESSIONAL

Name & Surname of Accounting Officer				Company Name			
Contact Number(s)	Cell ()	-	Tel ()	-	Fax ()	-	
E-mail							

DECLARATION AND CONSENT

I/We, the undersigned declare that the information provided in this application form is to the best of my/our knowledge true and complete. I/We also understand that any wilful misrepresentation of the information in this application form will disqualify my/our application and may lead to legal action against me/us including the laying of criminal charges against me/us as sureties as well as against the entity I/we represent for furnishing false statement or information to the Small Enterprise Finance Agency (SOC) Ltd (**sefa**).

I/We hereby grant **sefa** consent to perform an entity/personal search and check on my/our records with any other party (e.g. credit bureau and/or a government agency) relating to this application.

I/We further authorise **sefa** to disclose my/our personal information to these parties to obtain the information they require and acknowledge that **sefa** will never disclose more information than they are required to.

sefa warrants that it will treat your personal information as confidential and take all necessary steps to protect your information as required by the Protection of Personal Information Act of 2013. We will only disclose your information if:

- The law requires us to do so;
- It is in the public interest to do so;
- Our interests require disclosure; or
- You have given us your consent.

Surname								
Full Name(s)								
Designation								
Signature								
Place								
Date	D	D	M	M	C	C	Y	Y

Surname								
Full Name(s)								
Designation								
Signature								
Place								
Date	D	D	M	M	C	C	Y	Y

LOAN APPLICATION FORM

SECTION B: PERSONAL INFORMATION

(To be completed by each shareholder/trustee of the borrowing legal entity e.g. Pty Ltd, Ltd, Trust, etc.)

MEMBER/SHAREHOLDER/PARTNER DETAILS

Surname											First Name(s)																																																	
ID Number																																																												
Gender (tick applicable box)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Nationality (Citizenship)																																																							
Race	African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please specify:																																																			
Do you have any disability?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If YES, please give details:																																																							
Involvement in Business	Active Partner	<input type="checkbox"/>	Silent Partner	<input type="checkbox"/>	If Active - Operational Responsibility:																																																							
Physical Address											Province											Code																																						
Postal Address											Province											Code																																						
Number of Years at Residential Address																																																												
Previous Residential Address (if less than 5 years at current address)											Province											Code																																						
Contact details	Tel (H) ()																				Tel (B) ()																				Fax ()																			
	Cell ()																				E-mail																																							
Marital Status (Tick applicable Box)	Single	<input type="checkbox"/>	Married in community of property	<input type="checkbox"/>	Married out of community of property with or without accrual	<input type="checkbox"/>																																																						
	Other	<input type="checkbox"/>	If other, provide details:																																																									
Number of Dependants			Age																																																									
Next of Kin (not staying with you)	Surname											First Name(s)																																																
Relationship																																																												
Contact Details	Cell ()																			Tel ()																		E-mail																						
Residential Address											Province											Code																																						

PREVIOUS EXPERIENCE AND CAREER HISTORY

Employer	Position	Period

REFERENCES

PERSONAL TRADE ACCOUNTS

Name of Contact Person				Name of Contact Person					
Name of Business				Name of Business					
Contact Numbers	Cell	()	-	Contact Numbers	Cell	()	-		
	Tel	()	-		Tel	()	-		
	Fax	()	-		Fax	()	-		
E-mail Address				E-mail Address					
Type of Account	Cash	<input type="checkbox"/>	Credit	<input type="checkbox"/>	Type of Account	Cash	<input type="checkbox"/>	Credit	<input type="checkbox"/>

PERSONAL BANKING DETAILS OF APPLICANT / COMPANY REPRESENTATIVE

Name of Bank				Name of Bank			
Branch				Branch			
Type of Account				Type of Account			
Account Number				Account Number			
Facilities				Facilities			
Security Held by Bank				Security Held by Bank			

INCOME

Employed	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	(tick applicable box)					
Name of Employer/ Name of Business									
Physical Address						Province		Code	
Position Held/ Nature of Business									
Salary/ Drawings	R				Period of Employment/ Period in Business				

MONTHLY INCOME AND EXPENDITURE STATEMENT

Net Salary (Income)	R
Other Income (please specify)	R
Other Income (please specify)	R
TOTAL INCOME	R

(LESS) EXPENSES (all values must be preceded by a minus sign. E.g. -1200 without spaces or characters such as full stops (.) or commas (,))

Bank Charges	R
Mortgage Bond(s)	R
Donations	R
Entertainment	R
Clothing Account(s)	R
Cellular Phone Contract(s)	R
Domestic Worker	R
Education Fees	R
Groceries	R
School Transport	R
Water and Lights	R
Rates and Taxes	R
Subscriptions (TV, Papers, etc.)	R
Investments	R
Life Policies	R
Petrol	R
Short Term Insurance	R
Landline Rental	R
Alarm and Tracking Contracts	R
Other (please specify)	R
Other (please specify)	R
(LESS) TOTAL EXPENSES	R

SURPLUS (DEFICIT) R

STATEMENT OF ASSET AND LIABILITIES

Assets	R	Liabilities	R
Residential Property(ies)		Mortgage Bond(s):	
Motor Vehicle(s)		Vehicle Finance:	
Household Effects		Personal Loans:	
Equity in Businesses			
Other Assets (please specify)		Other Liabilities (please specify):	
		Net Equity	
Total Assets	R	Total Liabilities	R

PERSONAL RECORD

YES **NO**
(Tick applicable box)

1. Are you currently undergoing debt counselling or do you have a pending debt counselling application?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you undergoing debt restructuring?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been sequestered?	<input type="checkbox"/>	<input type="checkbox"/>
4. If so, have you been rehabilitated?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been found guilty of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever reached a compromise with creditors or had repayment problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been summoned or had judgements taken against you?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you signed surety for anyone else?	<input type="checkbox"/>	<input type="checkbox"/>

Kindly give details in respect of any YES answers above:

DECLARATION AND CONSENT

I, the undersigned declare that the information provided in this application form is to the best of my knowledge true and complete. I also understand that any wilful misrepresentation of the information in this application form will disqualify my application and may lead to legal action against me and/or the entity I represent including the laying of criminal charges against me as sureties as well as against the entity I represent for furnishing false statement or information to the Small Enterprise Finance Agency (SOC) Ltd (**sefa**).

I hereby grant **sefa** consent to perform an entity/personal search and check on my records with any other party (e.g. credit bureau and/or a government agency) relating to this application.

I further authorise **sefa** to disclose some of my personal information to these parties to obtain the information they require and acknowledge that the **sefa** will never disclose more information than they are required to.

sefa warrants that it will treat your personal information as confidential and take all necessary steps to protect your information as required by the Protection of Personal Information Act of 2013 (POPI). We will only disclose your information if:

- The law requires us to do so;
- It is in the public interest to do so;
- Our interests require disclosure; or
- You have given us your consent.

Surname									Full Name(s)		
Designation											
Signature											
Place											
Date	D	D	M	M	C	C	Y	Y			

SPOUSE'S DECLARATION AND CONSENT (If married in community of property)

I have obtained my spouse's consent to enter into this Credit Facility and for credit check with any credit reference agency. I understand that I will be liable for fraud should I falsely declare my spousal consent.

Surname									Full Name(s)		
Designation											
Signature											
Place											
Date	D	D	M	M	C	C	Y	Y			

LOAN APPLICATION FORM

SECTION C: SURETY FORM

(To be completed by the sureties of the borrowing entity)

MEMBER/SHAREHOLDER/PARTNER DETAILS

Surname											First Name(s)																																																	
ID Number																																																												
Gender (tick applicable box)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Nationality (Citizenship)																																																							
Race	African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please specify:																																																			
Do you have any disability?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If YES, please give details:																																																							
Involvement in Business	Active Partner	<input type="checkbox"/>	Silent Partner	<input type="checkbox"/>	If Active - Operational Responsibility:																																																							
Physical Address											Province											Code																																						
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Relationship																																																												
Contact Details	Cell ()																				Tel ()																			E-mail																				
Residential Address											Province											Code																																						

REFERENCES

TRADE

Name & Surname of Contact Person																																																										
Name of Business																																																										
Contact Numbers	Cell ()																				Tel ()																			Fax ()																		
E-mail Address																																																										
Account Number																																																										
Type of Account	Cash	<input type="checkbox"/>	Credit	<input type="checkbox"/>																																																						

BANKING

Name of Bank	
Branch	
Type of Account	
Account Number	
Facilities	
Security Held by Bank	

PROFESSIONAL

Name & Surname of Accounting Officer		Company Name	
Contact Number(s)	Cell () -	Tel () -	Fax () -
E-mail			

PERSONAL RECORD

YES **NO**
(Tick applicable box)

1. Are you currently undergoing debt counselling or do you have a pending debt counselling application?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you undergoing debt restructuring?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been sequestrated?	<input type="checkbox"/>	<input type="checkbox"/>
4. If so, have you been rehabilitated?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been found guilty of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever reached a compromise with creditors or had repayment problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been summoned or had judgements taken against you?	<input type="checkbox"/>	<input type="checkbox"/>
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Surname		Full Name(s)						
Designation								
Signature								
Place								
Date	D	D	M	M	C	C	Y	Y

ASSET FINANCE, BRIDGING AND TERM LOANS

		✓
1.	Application Form	<input type="checkbox"/>
2.	Surety Form (where applicable)	<input type="checkbox"/>
3.	Certified copy of ID and that of Spouse (if married In Community of Property [ICOP])	<input type="checkbox"/>
4.	Marriage certificate (where applicable)	<input type="checkbox"/>
5.	Short CV of the members/directors/ shareholders/ trustees, etc.	<input type="checkbox"/>
6.	Proof of residence – utility bill / sworn affidavit (not older than 3 months)	<input type="checkbox"/>
7.	Valid Tax Clearance Certificate	<input type="checkbox"/>
8.	Company Registration Documents e.g. CK2, Company Profile	<input type="checkbox"/>
9.	Proof of CIPC/CIPRO annual fees	<input type="checkbox"/>
10.	Six months latest bank statement (personal and business)	<input type="checkbox"/>
11.	Loan Breakdown	<input type="checkbox"/>
12.	Supporting quotations (with contact person and banking details of supplier)	<input type="checkbox"/>
13.	Personal Income and Expenditure Schedule and Assets & Liability Statement	<input type="checkbox"/>
14.	Proof of own contribution and source (if applicable)	<input type="checkbox"/>
15.	Member's resolution to apply (if applicable)	<input type="checkbox"/>
16.	If a judgment, notice, default is issued against the applicant, a letter or document to prove that arrangements are made to settle the account or proof that the account is settled must be provided	<input type="checkbox"/>
17.	Historic Financial statements (not less than 3 years – if applicable)	<input type="checkbox"/>
18.	Up to date Management Accounts (if applicable)	<input type="checkbox"/>
19.	Debtors Age Analysis (if applicable)	<input type="checkbox"/>
20.	Creditors Age Analysis (if applicable)	<input type="checkbox"/>

TERM LOANS AND ASSET FINANCE

1.	Business Plan	<input type="checkbox"/>
2.	Cash flow projections	<input type="checkbox"/>
3.	Lease agreement (if applicable)	<input type="checkbox"/>
4.	Franchise Agreement (if applicable)	<input type="checkbox"/>

BRIDGING LOAN APPLICATIONS

1.	Project plan and projections	<input type="checkbox"/>
2.	Copy of Contract or Order	<input type="checkbox"/>
3.	Completion certificate for previous work done (for construction projects only)	<input type="checkbox"/>
4.	NHBRC and CIDB (for construction projects only)	<input type="checkbox"/>
5.	Bills of quantities (for construction projects only)	<input type="checkbox"/>

QUALIFICATION CRITERIA

- The majority shareholder(s) must be involved in the day to day running of the business on a full time basis (owner - manager)
- The business must be registered in SA
- The major shareholder must be an SA citizen
- The business must be conducted with a profit motive and be economically viable
- The forecasted cash flow must show the ability to repay the facility (affordability)
- The owner must display sufficient entrepreneurship, skills and experience directly related to the nature of the business
- Compliance with all relevant laws and regulations
- Demonstrate job creation (potential to create new jobs or sustain existing ones)
- Loan Range R50 000 to R5 million

EXCLUSIONS

- Manufacturing and selling of ammunition
- Tobacco, Liquor, Gambling and sex trade
- Non-profit organisations
- Political organisations
- Persons under debt review
- Un-rehabilitated insolvent shareholders and/or directors of applying entities
- Primary agriculture (except cash crops and the applicant must have an off take agreement)
- Speculative property development

Regional Offices Contact List

Regional offices are open from 08h30 to 17h00 from Monday to Friday with the exception of Public Holidays. Clients wishing to participate in consultations at any of the co-locations are advised to secure an appointment with a **sefa** representative using the contact details provided below.

Regional Office	Office Type	Address	Telephone Number	Office Hours	
Free State	sefa Regional Office	Bloemfontein Office 4&5, Preller Square, Graaf Reinet Street, Dan Pienaar, Bloemfontein, 9301	051 436 0150 sefafs@sefa.org.za	08h30 - 16h30 Monday - Friday	
	Co-locations	Welkom One Reinet Building, Reinet Street, Welkom, 9460	051 436 0150 sefafs@sefa.org.za	09h30 - 15h00	
		Trompsburg 53 Voortrekker Street, Khoisan Building, Trompsburg, 9913	051 436 0150 sefafs@sefa.org.za	10h00 - 14h00	
		Qwaqwa Mampoi Road, Phuthaditjhaba, 9866	051 436 0150 sefafs@sefa.org.za	09h30 - 15h00	
		Sasolburg Eric Louw Street, Boiketlong, Zamdela, Sasolburg, 1939	051 436 0150 sefafs@sefa.org.za	09h30 - 13h00	
KwaZulu-Natal	sefa Regional Office	Durban 21 st Floor, Office 2102, Durban Embassy Building, Anton Lembede Street, Durban, 4001	031 368 3485 sefakzn@sefa.org.za	08h30 - 16h30 Monday - Friday	
	Co-locations	Port Shepstone 46 Bisset Street, Lot No 456, Port Shepstone, 4240	031 368 3485 sefakzn@sefa.org.za	08h30 - 17h00	
		Ladysmith 93/94 Murchison Street, Ladysmith, 3370	031 368 3485 sefakzn@sefa.org.za	08h30 - 17h00	
		Richards Bay Lot 611237 via Verbana, Veldenvlei, Richards Bay, 3900	031 368 3485 sefakzn@sefa.org.za	08h30 - 17h00	
		Newcastle 28 Scott Street, Newcastle, 2940	031 368 3485 sefakzn@sefa.org.za	08h30 - 17h00	
		IDC Pietermaritzburg 1 st Floor ABSA Building, 15 Chatterton Rd, PMB, 3201	031 368 3485 sefakzn@sefa.org.za	08h30 - 17h00	
Gauteng	sefa Regional Office	Centurion (Head Office) Eco Fusion 5, Block D, 1004 Teak Close, Witch-Hazel Avenue, Eco Park, Centurion, 0157	012 748 9600 helpline@sefa.org.za talktous@sefa.org.za	08h30 - 17h00	
		Johannesburg Umnotho House, Lower Ground, 56 Eloff Street, Marshalltown, Johannesburg, 2001	012 748 9600 sefagpsouth@sefa.org.za	08h30 - 17h00	
		Riversands (Diepsloot) Riversands Incubation Hub, 8 Incubation Drive, Riverside View, Ext. 15, Midrand, 2191	087 288 6000 sefagnorth@sefa.org.za	08h30 - 16h30 Monday - Friday	
	Co-locations	Tshwane Block C, 4 th Floor, Old Mutual Building, 536 Frances Baard & Steve Biko Streets, Pretoria	012 441 0480 sefagnorth@sefa.org.za	08h30 - 16h30	
		Emfuleni 5 Moshoeshe Street, VUT Science & Technology Park, Sebokeng, 1983	012 748 9600 helpline@sefa.org.za	08h30 - 17h00	
		Sandton 19 Fredman Drive, Sandown, Sandton, 2146	011 269 3000 helpline@sefa.org.za	08h30 - 17h00 Wednesdays only	
		Soweto Shop 368 Maponya Mall, Thusong Centre, Chris Hani Road (Old Potchefstroom Road), 1809	011 938 4257 sefagpeast@sefa.org.za	08h30 - 17h00 Wednesdays only	
		Ekurhuleni Ekurhuleni Business Facilitation Network, Cnr Voortrekker & Monument Road, Kempton Park, 1619	010 492 3655 sefagpeast@sefa.org.za	08h30 - 16h30 Monday - Friday	
	Western Cape	sefa Regional Office	Cape Town 9 th Floor, 2 Long Street, Cape Town, 8001	021 418 0126 sefawc@sefa.org.za	08h30 - 16h30 Monday - Friday
		Co-locations	Bellville 2 nd Floor, Louwville Place, Vrede Street, Bellville, 7535	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
			Khayelitsha Khayelitsha Training Centre Cnr Lwandile & Spine Road, Khayelitsha, 7784	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
Mosselbay KKT Sentrum Nr. 7, Gericke Street, Voorbaai, Mossel Bay, 6506			021 418 0126 sefawc@sefa.org.za	08h30 - 17h00	
Knysna Thesen House, 6 Long Street, Knysna, 6571			021 418 0126 sefawc@sefa.org.za	08h30 - 17h00	
George Entrance A, 1 st Floor Beacon Place, 125 Meade Street, George, 6530			044 803 4900 sefawc@sefa.org.za	08h30 - 16h30	
Oudtshoorn 70 Voortrekker Street, Oudtshoorn, 6625			044 803 4900 sefawc@sefa.org.za	08h30 - 17h00	
Beaufort West Thusong Service Centre, 3 De Vries Street, Beaufort West, 6970			021 418 0126 sefawc@sefa.org.za	08h30 - 17h00	
Hermanus Shop No 44, Gateway Centre, Hermanus, 7200			021 418 0126 sefawc@sefa.org.za	08h30 - 17h00	

Regional Office	Office Type	Address	Telephone Number	Office Hours
Western Cape	Co-locations	Stellenbosch 1 st Floor, Eikestad Mall, Andriga Street, Stellenbosch, 7599	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		Worcester 62, Cnr High & Stockenstroum Street, Worcester, 6850	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		Vredenburg 19 West Coast Centre, 11 Long Street, Vredenburg, 7380	021 418 0126 sefawc@sefa.org.za	08h30 - 17h00
		Saldanha Tonyn Street, Saldanha, 7395	022 714 1731 sefawc@sefa.org.za	08h30 - 16h30
Eastern Cape (Western Districts)	sefa Regional Office	East London Chesswood Office Park, 8-10 Winkely Street, 2 nd Floor, Berea, 5241	043 721 1510 sefael@sefa.org.za	08h30-16h30 Monday - Friday
	Co-locations	Port Elizabeth No 68 Cape Road, Mill Park, Port Elizabeth, 6000	041 373 4153 sefape@sefa.org.za	08h30-16h30 Monday - Friday
		Queenstown Sasol Complex, Cathcart Road, Queenstown, 5319	043 721 1510 sefael@sefa.org.za	10h00 - 15h00
		Mount Alyff Disaster Management Centre, 188 Nolangeni Street, Mount Alyff, 4735	043 721 1510 sefael@sefa.org.za	10h00 - 15h00
		Mthatha 7 Sissons Street, ECDC House, Fort Gale, Mthatha, 5100	047 504 2200 sefael@sefa.org.za	08h00 - 16h30
Northern Cape	sefa Regional Office	Kimberley 72 Long Street, Business Partners Building, Kimberley, 8301	053 832 2275 sefanc@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	Kuruman Cnr Roos & Church Street, Kuruman, 8460	053 832 2275 sefanc@sefa.org.za	09h30 - 15h00
		Upington Cnr Scott & Upington 26 Street, Old Sanlam Building, 3 rd Floor, Upington, 8800	053 832 2275 sefanc@sefa.org.za	09h30 - 15h00
		De Aar Cnr Main & Station Street, De Aar, 7000	053 832 2275 sefanc@sefa.org.za	09h30 - 15h00
		Springbok 3 Rivier Street, Springbok, 8240	053 832 2275 sefanc@sefa.org.za	09h30 - 15h00
		Upington De Drift Plaza, Block 6, Olyvenhoutsdrift Settlement, Louisvale Avenue, 8801	053 832 2275 sefanc@sefa.org.za	09h30 - 15h00
Mpumalanga	sefa Regional Office	Nelspruit Corner Ferreira and Streak Street, 3 rd Floor, Suite 301, MAXSA Building, Nelspruit, 1200	013 755 3923 sefamp@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	Witbank Cnr OR Tambo & Mandela Street, Shop L2-1A, Saveways, Crescent Shopping Centre, Witbank, 1035	013 755 3923 sefamp@sefa.org.za	08h00 - 17h00
		Secunda South Wing, Govan Mbeki Building, Lurgi Square, Secunda, 2302	013 755 3923 sefamp@sefa.org.za	08h00 - 17h00
		Malelane Lorenzo Street, Rotunda Circle, Malelane, 1020	013 755 3923 sefamp@sefa.org.za	08h00 - 17h00
		Bushbuckridge Shop 31, Twin City Shopping Centre, Bushbuckridge, 1280	013 755 3923 sefamp@sefa.org.za	08h00 - 17h00
Limpopo	sefa Regional Office	Polokwane Suite 4, Biccarrd Park, No. 43 Biccarrd Street, Polokwane, 0699	015 294 0900 sefalp@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	Thohoyandou Old Mutual Building, Old Group Scheme Offices, Mphephu Road, Thohoyandou, 7950	015 294 0900 sefalp@sefa.org.za	08h30 - 17h00
		Mopani 27 Peace Street, 1 st Floor Prosperitas Building, Tzaneen, 0850	015 294 0900 sefalp@sefa.org.za	08h30 - 17h00
		Mokopane 40 Retief Street, Mokopane, 0600	015 294 0900 sefalp@sefa.org.za	08h30 - 17h00
		Sekhukhune 189 Vergelegen Street, Tlatlolang Centre, Jane Furse, 1085	015 294 0900 sefalp@sefa.org.za	08h30 - 17h00
North West	sefa Regional Office	Rustenburg 32B Heystek Street, Sunetco Building, Rustenburg, 0299	014 592 6391 sefanw@sefa.org.za	08h30 - 16h30 Monday - Friday
	Co-locations	Klerksdorp West End, 2 nd Floor, 51 Leask Street, Klerksdorp, 2570	014 592 6391 sefanw@sefa.org.za	08h00 - 17h00
		Vryburg 8 Moffat Street, Vryburg, 8600	014 592 6391 sefanw@sefa.org.za	08h00 - 17h00
		Mahikeng 1B Mikro Plaza, Cnr First & Bessemmer Streets, Industrial Sites, Mahikeng, 2745	018 397 9942 sefanw@sefa.org.za	08h00 - 17h00



For more information or assistance in completing the form:

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Fraud Hotline Number: 0800 30 33 36 (Tip-offs Anonymous)

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