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| **TECHNOLOGY TRANSFER BUSINESS CASE FORM** | | | | | | | | | | | | | | | | | | |
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| Name of the Business | | | |  | | | | | | | | | | | | | | |
| Owner/s of the Business | | | |  | | | | | | | | | | | | | | |
| Registration Number | | | |  | | | | | | | | | | | | | | |
| Contact Number | | | |  | | | | | | | | | | | | | | |
| Email Address | | | |  | | | | | | | | | | | | | | |
| Nature of the Business | | | |  | | | | | | | | | | | | | | |
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| **A.            REVENUE AND COMPLIANCE INFORMATION** | | | | | | | | | | | | | | | | | | |
| **1 STATUTORY COMPLIANCE** | | | | | | | | | | | | | | | | | | |
| **Annual turnover must not be above R10m** | | | | | | | | | | | | | | | | | | |
| **Current annual turnover** | | | | | **R** | | | | | | | | | | | | | |
| **Gross Profit** | | | | | **R** | | | | | | | | | | | | | |
| **Profit after tax** | | | | | **R** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Tax Compliance** | | | | | | | | | | | | | **Yes** | | | **No** | | |
| Client to attach valid Tax Clearance Pin | | | | | | | | | | | | |  | | |  | | |
| Client to attach valid BBEEE certificate or Affidavit. | | | | | | | | | | | | |  | | |  | | |
| Client to attach CIPC documents | | | | | | | | | | | | |  | | |  | | |
| **2 BEE COMPONENT** | | | | | | | | | | | | | | | | | | |
| **a) Ownership: Client to attach documentary proof - CIPC document.** | | | | | | | | | | | | | | | | | | |
| % ownership: | | | | | | | | | | | | | | | | | | |
| **3 PREVIOUSLY DISADVANTAGED (WOMEN/YOUTH)** | | | | | | | | | | | | | | | | | | |
| **a) Ownership: Client to attach documentary proof - CIPC.** | | | | | | | | | | | | | | | | | | |
| % ownership: | | | | | | | | | | | | | | | | | | |
| **b) Youth Ownership: Client to attach documentation - CIPC.** | | | | | | | | | | | | | | | | | | |
| % ownership: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **B.            CUSTOMER, EMPOYEE AND PHYSICAL INFORMATION** | | | | | | | | | | | | | | | | | | |
| **1 Customer Base** | | | | | | | | | | | | | | | | | | |
| **1.1 Number of Customers:** | | | | | | | | | | | | | | | | | | |
| Client to provide list of Customers serviced in the last 3 years. | | | | | | | | | | | | | | | | | | |
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| **1.2 List of Major Customers and Projects done over the past 12 months:** | | | | | | | | | | | | | | | | | | |
| Client to list at least five major customers and volume of products or value of the services offered to each customer in the last 12 months | | | | | | | | | | | | | | | | | | |
| **Name of the customer** | | | | | **Volumes or Value in Rand** | | | | | | | | | | | | | |
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| **2 Physical Structure** | | | | | | | | | | | | | | | | | | |
| **2.1 Premises / facilities:** | | | | | | | | | | | | | | | | | | |
| Province: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| District Municipality indicated if rural, township or urban | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Physical address: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Lease document | | | | | | | | | Yes |  | | | No | | |  | | |
| Are the following services suitable and adequate: | | | | | | | | | | | | | | | | | | |
|  | | | Present | | | | | | Future | | | | | | | | | |
| Electricity | | | Yes | |  | No | |  | Yes | |  | | | No | | |  | |
| Water | | | Yes | |  | No | |  | Yes | |  | | | No | | |  | |
| Access road | | | Yes | |  | No | |  | Yes | |  | | | No | | |  | |
| Security | | | Yes | |  | No | |  | Yes | |  | | | No | | |  | |
| Access Control | | | Yes | |  | No | |  | Yes | |  | | | No | | |  | |
| ICT | | | Yes | |  | No | |  | Yes | |  | | | No | | |  | |
| Insurance | | | Yes | |  | No | |  | Yes | |  | | | No | | |  | |
| **2.2 Equipment / Physical Assets:** | | | | | | | | | | | | | | | | | | |
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| Is the present manufacturing and storage facilities suitable and will they be suitable with the introduction of new technology? | | | | | | | | | | | | | | | | | | |
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| **2.3 Organization’s staff and their roles** | | | | | | | | | | | | | | | | | | |
| **Name of the employee** | | | | | **Position/Roles** | | | | | | | | | | | | | |
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| **2.4 Period of operation of the organization:** | | | | | | | | | | | | | | | | | | |
| Number of years in operation | | | | |  | | | | | | | | | | | | | |
| **3.4 Is your company currently accredited with an applicable industry/professional body?** | | | | | | | | | | | | | | | | | | |
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| **C.          MARKETING ANALYSIS** | | | | | | | | | | | | | | | | | | |
| Industry overview | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Target market | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Competition | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Pricing  (provide 3 year financial forecast or projections) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | |
| **D.            SWOT ANALYSIS AND MARKET DEMAND** | | | | | | | | | | | | | | | | | | |
| **1 Swot analysis** | | | | | | | | | | | | | | | | | | |
| Strengths |  | | | |  | |  | | | | |  | | | | | | |
| Weakness |  | | | |  | |  | | | | |  | | | | | | |
| Opportunities |  | | | |  | |  | | | | |  | | | | | | |
| Threats |  | | | |  | |  | | | | |  | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | |
| **2 Market demands** | | | | | | | | | | | | | | | | | | |
| Which of your product/s is in high demand | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Total volume of unit sales per month | | | | | | | | | | | | | | | | | | |
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| Geographical areas of market demand (township/province) | | | | | | | | | | | | | | | | | | |
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| What is the percentage of repeat customers in a month/quarter | | | | | | | | | | | | | | | | | | |
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| Comments: | | | | | | | | | | | | | | | | | | |
| **E.          TECHNOLOGY** | | | | | | | | | | | | | | | | | | |
| **1. Technology requirements** | | | | | | | | | | | | | | | | | | |
| List all current equipment used in the production of goods and services | | | | | | | | | | | | | | | | | | |
| **Equipment** | | | **Function** | | | | | | **No. of years in operation** | | | | | | | | | |
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| Comments: | | | | | | | | | | | | | | | | | | |
| List the volume of products produced in a month or (season) | | | | | | | | | | | | | | | | | | |
| **Product** | | | | | | **Volumes per month/season** | | | | | | | | | | | | |
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| **2. Cost of production** | | | | | | | | | | | | | | | | | | |
| Cost of producing one product | | | | | |  | | | | | | | | | | | | |
| What is the mark-up % added to cost price | | | | | |  | | | | | | | | | | | | |
| **3. Constraints** | | | | | | | | | | | | | | | | | | |
| List current production constraints | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | |
| **4. Technology solution** | | | | | | | | | | | | | | | | | | |
| Provide the technology specifications for the required equipment, e.g. Filling machine | | | | | | | | | | | | | | | | | | |
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| Production capacity (20 litre – 14 sec) | | | | | | | | | | | | | | | | | | |
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| Cost of the technology (three different quotes) | | | | | | | | | | | | | | | | | | |
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| Skills that will be required to operate the equipment | | | | | | | | | | | | | | | | | | |
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| Number of direct jobs that will be created and their roles | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Number of downstream jobs that will be created and their roles | | | | | | | | | | | | | | | | | | |
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| **The new technology transfer intervention will have the following competitive advantages:** | | | | | | | | | | | | | | | | | | |
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| **Profitability (price and cost)** | | | | | | | | | | | | Yes |  | | No | | |  |
| If YES, please provide the information of the new price and cost per product or service. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Lead time – efficient delivery** | | | | | | | | | | | | Yes |  | | No | | |  |
| If YES, please provide information. | | | | | | | | | | | | | | | | | | |
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| **Product / Service Quality** | | | | | | | | | | | | Yes |  | | No | | |  |
| If YES, please provide details of how quality will be achieved. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Market access** | | | | | | | | | | | | Yes |  | | No | | |  |
| If Yes, please provide information on the potential market access. | | | | | | | | | | | | | | | | | | |
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| **Compiled by:** | |  | | | | | | | | | | | | | | | | |
| **Capacity in the company:** | |  | | | | | | | | | | | | | | | | |
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| **For office use only** | | | | | | | | | | | | | | | | | | |
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| Recommended | | | | | |  | | | | | | | | | | | | |
| Not recommended | | | | | |  | | | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | | |
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| **Additional comments:** | | | | | | | | | | | | | | | | | | |
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