



# THE ENTREPRENEUR

WHERE INNOVATION TAKES FLIGHT

## 2024



### HOW IT WORKS:

1. Complete and submit this application form (also see reverse side).  
The closing date for the submission of application forms is the 5th of August 2024
  - Scan and email to [info@mcci.co.za](mailto:info@mcci.co.za)
  - Late or incomplete applications will automatically be disqualified.
2. All applications received will be reviewed against the selection criteria. If required, interviews may be conducted to select the finalists that will participate in The Entrepreneur 2024 competition and programme.
3. Selected business owners are required to participate in a 10-week entrepreneurial development programme designed by the University of KwaZulu-Natal (UKZN) and USA-based Massachusetts Institute of Technology (MIT), which include tuition and mentoring. The programme was launched on 04 July 2024 and will run until December 2024. Tuition sessions will be on Saturday mornings.
4. Competition winners will be judged on the perceived potential of their businesses, programme participation and attendance, as well as the quality of the business plan submitted.
5. Finalists that complete the programme will be required to showcase their business at The Entrepreneur 2024 Exhibition where the winners of the competition will be announced.
6. Prize money will take the form of business development funding that will be disbursed in line with the submitted business plans after being approved by the finalist's assigned mentor.

### DISCLAIMER (NB: PLEASE SIGN THAT YOU HAVE READ THIS DISCLAIMER):

1. I confirm that I have answered all the questions truthfully and have not withheld any information relevant to this competition entry. I further confirm that I am the registered owner of the business and have full authority to enter this competition.
2. I hereby confirm that the business is an existing business that has been in full operation for the period stated, located in Mangaung or adjacent towns surrounding the Metro and that I am involved with the business on a full-time basis.
3. Should I be selected to participate in the programme, I understand that I will have to attend the 10-week mentoring and tuition programme which will be presented until December 2024 at a venue in Mangaung which shall be communicated to me.
4. I understand that the tuition and mentoring offered by the Chamber will be free of charge, but that I will need to arrange and pay for my own transport to and from the venue, as well as data to attend virtually where applicable.
5. I have read and understood all the details and conditions relating to this competition and detailed in this entry form.
6. I acknowledge that the Mangaung Chamber of Commerce and Industry, its sponsors, mentors and adjudicators reserve the right not to allocate all or any of the prize money and I agree and accept the adjudicators' decision as final and will not enter into any further correspondence in this regard.
7. I acknowledge that the Mangaung Chamber of Commerce and Industry, its Executive Committee, employees, its members, mentors, trainers, and sponsors of this competition will not be liable for any loss or damage suffered, directly or indirectly, arising from my participation in this competition, should I be selected as a finalist.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# COMPETITION ENTRY FORM

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Briefly describe your business and its product or services: \_\_\_\_\_

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2. How long has your business been in operation for? (Please mark with a tick)

- |                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Less than a year  |
| <input type="checkbox"/> | 1 to 2 years      |
| <input type="checkbox"/> | 2 to 3 years      |
| <input type="checkbox"/> | More than 3 years |

3. On what basis are you employed by your business? Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

4. Where is your business located? (Please provide physical address of business premises)

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5. What is the turnover of your business per month, in Rands?

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6. How many people do you employ? Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

7. As a business owner briefly describe your strengths and reasons for succeeding: \_\_\_\_\_

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8. What work or business experience do you have? \_\_\_\_\_

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9. How did you hear about the competition?

- |                 |                          |                   |                          |         |                          |                 |                          |
|-----------------|--------------------------|-------------------|--------------------------|---------|--------------------------|-----------------|--------------------------|
| Bloem Nuus/News | <input type="checkbox"/> | Radio             | <input type="checkbox"/> | Friends | <input type="checkbox"/> | Roadshows       | <input type="checkbox"/> |
| Drop Boxes      | <input type="checkbox"/> | Municipal Offices | <input type="checkbox"/> | Other   | <input type="checkbox"/> | Please specify: | _____                    |

Should you wish to attach more information to this form, please feel free to do so.