FORM 1:

APPLICATION FORM FOR REGISTRATION AS A MICRO, SMALL AND MEDIUM ENTERPRISES/MARGINALIZED GROUP

Form to be completed in **block letters** and submitted in **duplicate** –

1. Full name of Applicant..…………………………………………………………….
2. Name of Business ……………………………………………...................................
3. Business Registration Certificate number…………………………………………….
4. Percentage of foreign shareholding
5. Tax Payer Identification Number….………………………………………………
6. Name and address of owners of the business ……………………………………..
7. Particulars of owners (attach list where necessary)……………………………………….....

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Owner | Nationality | Identity | Male/Female | Age | Contact Details |
|  |  |  |  |  |  |
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1. Is the business owned by disabled person and describe nature of disability ……………………………………………………………………………………….

……………………………………………………………………………………….

1. Nature of business ………………………………………………………………….
2. Are goods manufactured locally ……………………………………………………
3. Physical location of the business …………………………………………………..
   1. Location: Village, road or street name ……………………………………….

Chief (if applicable) …………..……………………………………

Town or District ……………………………………………………

* 1. Please state if plot is freehold, leasehold or customary land (give plot No. if applicable) ………………………………………………………………...….

1. Annual sales turnover………………………………………………………………

Number of employees ………………………………………………………

Business capital ……………………………………………………………………...

………………………………………………………………………………………..

Name and address of your bank ……………………………………………………..

Account Number…………………………………………………………………..

1. Please attach the following documents:
2. Certificate of registration/incorporation
3. Tax clearance certificate
4. National Identification document
5. Current business licence
6. Letter from the District Commissioner as proof of originality

DECLARATION

I declare that the information given is true and correct to the best of my knowledge and belief.

Signed by ……………………………………………………….

Witness …………………………………………………………

Application Fee. ……………………………Paid Receipt No. ……………

Dated this …………day of ……….., 20…………

………………………………………………………………

Name of Applicant