

APPLICATION FORM

Personal Information:

Applicant name:

Applicant Address:

Email Address:

Telephone #:

I am a citizen of:

Birth Date:

Gender:

If you are applying as part of a group; list the name(s) of your team:

Business Information:

Business Name:

Business Address:

Business Website:

Date commenced operation:

(If it is a future date, please state expected start-up date)

Ownership Structure of the Business:

(Sole trader, Partnership, Limited Liability)

Business sector:

- | | |
|---------------|--------------------------|
| Manufacturing | <input type="checkbox"/> |
| Retailing | <input type="checkbox"/> |
| Service | <input type="checkbox"/> |
| Agriculture | <input type="checkbox"/> |

BUSINESS PLAN QUESTIONNAIRE

Business Overview:

1. Describe the business/project for which you are seeking to gain funding or investment.
Provide a brief summary (history, product/service offering etc.).

2. What is the current state of the business/project?

Operational/Expansion	<input type="checkbox"/>	Research & Development	<input type="checkbox"/>
Start-up (less than 1yr)	<input type="checkbox"/>	Market testing	<input type="checkbox"/>
Idea	<input type="checkbox"/>		

3. What investment amount are you seeking and what percentage of the business are you willing to offer?

4. What do you intend to do with the investment? Where will the fund go?

5. How much money have the owners/partners invested in the business year to date?

6. Why do you want to pitch your business?

Market Summary:

7. What is your unique selling point? Why is your business, product and/or service notable?

8. Who are your customers?

9. Who are your competitors?

10. Please indicate (if known) the size of the market you currently serve

11. How do you currently market the business?

12. What is your pricing strategy?

Management and Operation:

13. Please provide a summary of the current or the proposed scope of operation of the business? (Location/facilities, staffing, equipment, use of technology etc.)

14. Put into perspective how your business functions or will function on a day-to-day basis (operation process, sourcing of inputs, etc.)

15. Do you and your management team (if applicable) have the relevant experience to run this business? If yes, state experience and qualifications: (*Emphasize technical, production, marketing/sales and financial management skills*)

Finance

16. What amount of sales are you currently making on a monthly basis?

17. What is the sales projection for the last three (3) financial years?

18. What is the business total lifetime sales since starting? (if available)

19. What is the gross profit for the last three (3) financial years?

20. What is the net profit for the last three (3) financial years?

21. Does the business currently have any debt? List the debts

Please attach any of the following items that you would like to include in the appendix:

- A product picture
- Operating facility
- Results of market research survey
- Third party evaluation or analyses of the product and/or service