



BUSINESS INCUBATION APPLICATION FORM



1. PERSONAL INFORMATION

1.1 Name of Applicant		
1.2 Date of Birth		
1.3 Gender		
1.4 Personal Identity Number		
1.5 Marital Status		
1.6 Level of Education		
1.7 Chiefdom		
1.8 Constituency (Inkhundla)		
1.9 Chief		
1.10 Indvuna		
1.11 Place of Residence		
1.12 Physical Address		
1.13 Postal Address		
1.14 Contact Details	Cell #:	E-mail:
1.15 Contact Person	Name:	Cell #:
1.16: To be Full-time or Part-time		

2. BUSINESS INFORMATION

2.1 Type of Intended Business	
2.2 Name of Intended Business	
2.3 Proposed Legal Status	
2.4 Intended Location	
2.5 Required Floor Space	
2.6 Projected Monthly Rental	
2.7 Type of Licence Required	
2.8 Number of Employees	

3. FINANCIAL INFORMATION

3.1 Capital Required	Self:	Loan:
3.2 Projected Monthly Expenses		
3.3 Projected Monthly Sales		
3.4 Projected Monthly Gross Margin		

Applicants Signature: _____ Date: _____



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4. BUSINESS COACHE'S RECOMMENDATIONS

4.1 Recommended Estate		
4.2 Recommended Workshop	Number:	Size (m ²):
4.3 Initial Monthly Rent		
4.4 Initial Capital Required		
4.5 Amount Charged for Business Plan		
4.6 Amount Paid for Business Plan	Amount (E):	Receipt (s) #:
4.7 Comments		

BC's Signature: _____ **Date:** _____

5. CENTRE MANAGER'S RECOMMENDATIONS

5.1 Business Plan Approval	
5.2 Initial Capital Confirmation	
5.3 Registration Certificate Submitted	
5.4 Comments	

CM's Signature: _____ **Date:** _____

6. WORKSHOP READINESS (Estate Maintenance Officer)

6.1 Repairs Required	
6.2 Estimated time required	

EMO's Signature: _____ **Date:** _____

7. ADMISSION (SMBI)

Admission Comments: _____

SMBI's Signature: _____ **Date:** _____