



APPLICANT DETAILS:

Applicant Name:	Other Name (s):	Last Name:
Gender:	Date of Birth:	Tax Identification Number:
E-Mail:	Address:	
Phone Number:	Alternative Phone Number:	Postal Address:
BUSINESS D	ETAILS:	
Business Name:	New or Exist	ing Business*:
Business Address:		
District/ Tikina:	Province:	
Business Type:		
Sole Trader	Partnership Company	Co-operative
	operating for less than six months or (2) You have	
	red business and have been operating for more t	
Business Structure:		
Micro	Small	Medium
GRANT REQ	UEST DETAILS:	
Total Project Cost:		
Grant from NDP:	Applicant's Contribution:	Loan Sought:





BUSINESS PROPOSAL DETAILS:

How will you use the grant for your business? What will you buy?
Have you applied or received grant assistance from another Ministry, Government Department or Donor? (If Yes, please specify)
Briefly describe your business? (What type of business do you operate? What service or product do you sell? What Trade Skills do you have that will be used in your business?)
How will this grant help your business? (Will you be able to make more products? Will this help you speed up your production? Will you be able to add a new product or service?)





BUSINESS PROPOSAL DETAILS:

Projected Outputs of proposed Enterprise:

	Year 1	Year 2	Year 3
Projected Sales in Units			
Projected Sales in Dollars			
Projected Expenditure			
Projected Annual Net Profit			
How many jobs would be created			
How many years have you been carry	ing out this trade? D	o you have certification	n or training?
	2/11		
How will you advertise or market you operating, what products your are se			wnat business you are
What are some of the risks or problem or what are some of the problems you		_	_





BUSINESS PROPOSAL DETAILS:

How will you solve these problems?	
DECLARATION:	
DECLARATION.	
I hereby certify that the above information are	e true and correct to the best of my knowledge.
I understand that any false information provided	d may disqualify me from the funding programme.
I also understand that providing false information Information Act 2016 and I may be fined up to \$2.000 for the control of the	
10 years if found guilty.	
Applicant's Signature:	Date:
Applicant's Signature: DOCUMENT SUBMISS	
DOCUMENT SUBMISS	Tax Identification Letter/ Joint
DOCUMENT SUBMISS Completed Application Form	Tax Identification Letter/ Joint Identification Card Management Accounts for those in
Completed Application Form Valid Business Registration Certificate	Tax Identification Letter/ Joint Identification Card Management Accounts for those in operation for at least 2 years Support & Validity letter from
DOCUMENT SUBMISS Completed Application Form Valid Business Registration Certificate Valid Photo ID of director/proprietor Business Plan inclusive of 3 years	Tax Identification Letter/ Joint Identification Card Management Accounts for those in operation for at least 2 years Support & Validity letter from relevant Ministry & Stakeholders Compliance to regulatory
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DOCUMENT SUBMISS Completed Application Form Valid Business Registration Certificate Valid Photo ID of director/proprietor Business Plan inclusive of 3 years Cashflow Forecast/projections	Tax Identification Letter/ Joint Identification Card Management Accounts for those in operation for at least 2 years Support & Validity letter from relevant Ministry & Stakeholders Compliance to regulatory