



The Gateway to Endless Opportunities

CITY OF WINDHOEK

Department of Economic Development & Community Services
Economic Development Division

VACANT STALLS

PREMISES: _____

APPLICATION FORM

IMPORTANT NOTICE

Please complete this form carefully, using BLOCK LETTERS and BLACK PEN.
This form will be used to assess your application for business premises.

YOUR PERSONAL DETAILS:

First Name: _____

Last Name: _____

Date of Birth: _____

Male: ☐

Female: ☐

Nationality: _____

Gender: _____

Postal Address: _____

Physical Address: _____

Contact Details:

Home: _____

Business: _____

Mobile: _____

Fax: _____

E-mail: _____

Language Proficiency:

(Indicate as Good,
Average or Poor)

Language

Speak

Read

Write

DETAILS OF YOUR BUSINESS:

Name of Business: _____

Current Location of Business: _____

Telephone no.: _____

Company Registration No.: (If applicable) _____

Social Security Registration No.: (If applicable) _____

Type of Business:

(please tick the relevant
box or boxes)

☐

Woodwork:

☐

Electrical:

☐

Design:

☐

Metalwork:

☐

Upholstery:

☐

Technology:

☐

Automotive:

☐

Clothing:

☐

Other: Please specify:

☐

Concrete works:

☐

Computers:

☐

Leather work:

☐

Food:

☐

Printing:

☐

Beverages:

Year in which business was established: _____

No. of employees:

Total:

Specify:

Full-time:

Male:

Part-time:

Female:

Contract:

Disabled:

What motivated you to start your own business?

- 1) I am unemployed. ☐
- 2) I have a unique business idea. ☐
- 3) I have been thinking of starting my business for a long time. ☐
- 4) I want to be my own boss, even though I like my current job. ☐
- 5) I have an opportunity to buy an existing operational business. ☐

Do you have experience in the line of business in which you plan to start your business?

- 1) This line of business is totally new to me. ☐
- 2) I have worked in this line for a short while. (Indicate time) _____ mnths / yrs
- 3) My hobby is linked to this business. ☐ yes ☐ no
- 4) I have been working in this line of business for a few years and know the products and services very well. (Indicate time) _____ yrs ☐
- 5) I have been working in this line of business for a long time in different duties? (Indicate time) _____ yrs ☐

Secondary school: _____ **Highest Grade obtained:** _____

Tertiary Qualification: _____

Other: _____

What strengths do you possess that will make you a successful entrepreneur?

What are your weaknesses that will constraint your entrepreneurial capacity?

Please specify the organisation / institution / business consultant who has given your business advice, financial and / or other assistance:

Institution / organisation / consultant	Type of assistance:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What has been the impact of this assistance on your business? Explain

NATURE OF THE BUSINESS:

Please give a description of your business / business idea, i.e. the nature of the product(s) and / or the services you do / intend to produce or deliver:

INFORMATION ON THE MARKET FOR YOUR PRODUCT AND / OR SERVICE:

Who your target market?
(Please tick one or more boxes)

Central Government

City of Windhoek

Contractors

Wholesalers

Companies

Individuals

Other: (Specify)

☐

☐

☐

☐

☐

☐

☐

Who are your main competitors, and what are their strengths and weaknesses?

What is unique about your product or service?

What marketing methods would you make use of?

How are you going to produce or deliver your product and / or service?

Do you need special equipment and / machinery to produce or deliver your product or service?

Do you have the equipment / machinery already?

☐ YES

☐ NO

Does your business have any specific requirements in terms of the premise?

You should try to complete this section to the furthest extent possible. If you do not have the data requested, please mark the box with N/A (not available).

Capital Contributions: Current assets owned that will be utilized by the business, i.e. no additional funds are required.

Assets	Amount	Other: Specify	Amount
Telephone/Fax	<hr/>	<hr/>	<hr/>
Computer hardware	<hr/>	<hr/>	<hr/>
Computer software	<hr/>	<hr/>	<hr/>
Machines/Equipment	<hr/>	<hr/>	<hr/>
Furniture	<hr/>	<hr/>	<hr/>
Supplies	<hr/>	<hr/>	<hr/>

Investments: What you need to invest in, so that you can start your business?

Investment	Amount	Other: Specify	Amount
Telephone/Fax	<hr/>	<hr/>	<hr/>
Copying Machine	<hr/>	<hr/>	<hr/>
Computer Hardware	<hr/>	<hr/>	<hr/>
Computer Software	<hr/>	<hr/>	<hr/>
Machines	<hr/>	<hr/>	<hr/>
Equipment	<hr/>	<hr/>	<hr/>
Supplies	<hr/>	<hr/>	<hr/>
Furniture	<hr/>	<hr/>	<hr/>
Models, prototypes etc.	<hr/>	<hr/>	<hr/>

Do you have access to funds in order to acquire the above-mentioned items?

- 1) Yes, I can access the funds to make the investments necessary to start my business. ☐
- 2) I am operational, so I have already made the necessary investments. ☐
- 3) No, I have been unable to access the necessary funds. ☐
- 4) Partly, I have some funds that will enable me to make some of the investments. ☐

Have you taken out a loan for your business?☐ Yes:☐ No:

If yes, from whom:

☐ Bank:☐ NDC:☐ DFN:☐ Family:☐ Other: _____

If yes, size of loan: _____

If yes, year in which loan was taken: _____

Do you keep your own financial records?

☐ Yes:☐ No:

If no, who does your book-keeping: _____

PRO FORMA CASH FLOW

Period starting: _____

Ending: _____

	Month 1	Month 2	Month 3	Month 4
Opening Cash Balance				
Cash Receipts				
Cash Sales				
Accounts Receivable				
Other:				

Total Cash Receipts				
Cash Disbursements				
Inventory Purchases				
Salaries				
Fixed Assets				
Rent				
Insurance				
Utilities				
Interest				
Advertising				
Taxes				
Office expenses				
Accounting				
Other payments (Specify):				

Total operating cash surplus/deficit				
Additional Funding (Repayments)				
Ending Cash Balance				

FUTURE OBJECTIVES	Where would you like to see your business in the next three years?

OTHER:	Please add to your application any additional information you have available on your business and future plans (e.g. brochures, leaflets, feasibility study or business plan, photos etc.) that will help us evaluate your application for a premises.
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Name:	_____	Position:	_____
Signature:	_____	Date:	_____

THANK YOU FOR YOUR INTEREST.

YOUR APPLICATION WILL BE EVALUATED BY THE ECONOMIC DEVELOPMENT DIVISION.

YOU WILL THEN BE INFORMED WHETHER OR NOT THE COMMITTEE HAS DECIDED

TO INVITE YOU FOR AN INTERVIEW.