

CITY OF WINDHOEK

Economic Development and Community Services **Economic Development Division**

INDUSTRIAL STALLS

PREMISES:	,		

APPLICATION FORM

IMPORTANT NOTICE							
		ete this form carefull					
	This form will	be used to assess y	our c	ipplication for bu	siness	s premises.	
	First Name:						
	Last Name:						
	Date of Birth:						
	Nationality:						
	Gender:	Male:		Female:			
TAILS	Postal Address:						
YOUR PERSONAL DETAILS:	Physical Address:						
NO NA	Contact Details:	Home:					
ERSC		Business:					
R P		Mobile:					
Ž		Fax:					
		E-mail:					
	Language Proficiency:	Language		Speak		Read	Write
	(Indicate as Good,						
	Average or Poor)						
	Name of Business:						
	Current Location of Business:						
	Telephone no.:						
	Company Registration No.:						
IESS:	Social Security Registration N	o.:					
NSIN	Type of Business:	Woodwork:	EI	ectrical:		Other: Please sp	pecify:
R B	(please tick the relevant box or boxes)	Metalwork:		pholstery:			
Ž	BOX OF BOXES	Automotive:	_	clothing:	Щ		
P		Arts/Crafts:	_	computers:			
VILS		Leather work:	_	esign:			
DETAILS OF YOUR BUSIN		Printing:	1€	echnology:		-	
_	Year in which business was es	tablished:					
	No. of employees:	Total:				-	
	Specify:	Full-time:		Male:			
		Part-time:		Female:			
		Contract:		Disabled:			

W	What motivated you to start your own business?						
1) I am unemployed.						
2	e) I have a unique business id	dea.					
3	s) I have been thinking of sta	rting my business for a long time.					
4	l) I want to be my own boss,	even though I like my current job.					
5	i) I have an opportunity to b	uy an existing operational business.					
Do	Do you have experience in the line of business in which you plan to start your business?						
1) This line of business is totall	y new to me.					
2	?) I have worked in this line fo	or a short while. (Indicate time)		mnths/yrs			
3	s) My hobby is linked to this b	ousiness.					
	l) I have been working in this ow the products and service	line of business for a few years and es very well. (Indicate time)		yrs			
	i) I have been working in this ferent duties? (Indicate time	line of business for a long time in		yrs			
Se	condary school:	Highest Grade obtained:					
Те	rtiary Qualification:						
Ot	ther:						
	nat strengths do you posse	ss that will make you a successful ent	repreneur?				
PRE							
OF ENTREPRENEUR							
ROFILE							
E							
W	hat are vour weaknesses th	at will constraint your entrepreneuria	capacity?				
· · ·	indi die your weaknesses in	ar will constituting your entrepreneuta	Сараспу				

	Please specify the organisation / institution /	bu	usiness consultant who has given your business advice, d/or other assistance:
	Institution / Organisation / Consultant	1	Type of assistance:
		-	
-:-			
<u> </u>			
0			
P T			
ם ח			
E E			
I ≩	What has been the inequal of this assistance on		Lucinos 2 Evelerin
	What has been the impact of this assistance on	yc	our business? Explain
¥			
Ş			
ASSISTANCE YOU HAVE RECEIVED UP TO NOW:			
SSIS			
<			
	Please give a description of your b and/or the services vo	ous ou o	iness / ideas, i.e. the nature of the product(s) do/intend to produce or deliver:
	,,		
SS:			
NATURE OF THE BUSINESS:			
BUS			
뿦			
F T			
O W			
TUR			
₹			

	Who your target market?	Central Government				
	(Please tick one or more boxes)	City of Windhoek				
	,	Contractors				
		Wholesalers				
		Companies				
		Individuals				
		Other: (Specify)				
	Who are your main comp	etitors, and what are t	heir strengths and weaknesses?			
CE						
SERV						
CT / 8						
DOC						
PRC						
/OUF						
OR)	What is unique about your product or service?					
THE MARKET FOR YOUR PRODUCT / SERVICE:						
MARI						
뿔						
NO						
INFORMATION ON						
FOR						
Z						
	What marketing methods	would you make use o	of?			
	1					

How are you going to produce or deliver your product and/or service? INFORMATION ON THE MARKET FOR YOUR PRODUCT AND/OR SERVICE: Do you need special equipment and/machinery to produce or deliver your product or service? (Continued) Do you have the equipment/machinery already? YES 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	7 4110 4111	- Cilicii speciily	7 1110 1111					
	Computer hardware								
	Computer software								
	Machines / Equipment								
	Furniture								
	Supplies								
	Other assets (Specify):								
	() //								
<u>o</u>	Investments: What you need to invest in, so that yo	u can start vour busine	2007						
Z	Investment	Amount	Other: Specify	Amount					
₹	Telephone / Fax	Amouni	Offier, specify	Amouni					
⊢	Copying Machine								
2	Computer Hardware								
FINANCIAL PLANNING	Computer Software								
罡	Machines								
	Equipment								
	Supplies								
	Furniture								
	Models, prototypes etc.								
	Other assets (Specify):								
	Offiel assets (specify).								
	Do you have access to funds in order to acquire								
	1) Yes, I can access the funds to make the investr	,	,						
	2) I am operational, so I have already made the r	•							
	3) No, I have been unable to access the necessa4) Partly, I have some funds that will enable me to	•	voetmonts						
	4) Falliy, I Have some fallas inal will enable me to	THAKE SOTTIE OF THE ITIV	esimenis.						
	Have you taken out a loan for your business?	Yes:	No:						
	If yes, from whom:	Bank:							
		NDC:							
O		DFN:							
Ž _		Family:							
AN [ed]		Other:							
FINANCIAL PLANNING (Continued)									
AA	_								
臣	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:			<u> </u>					
	, , , , , , , , , , , , , , , , , , , ,								

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				
Cash Disbursements Inventory Purchases Salaries Fixed Assets Rent Insurance Utilities (Water & Electricity) Interest Advertising				
Utilities (Water & Electricity)				
Interest				
Taxes				
Office expenses				
Accounting				
Other payments (Specify):				
Total operating cash surplus/deficit				
Additional Funding				
(Repayments)				
Ending Cash Balance				

	Where would	d you like	to see yo	our busine	ess in the	next three y	years?	
IVES								
ECI								
Ö								
FUTURE OBJECTIVES								
듄								
OTHER:		es, etc.) t						ailable on your business and future plans mises. leaflets, feasibility study or business
	Name:						Position:	
	'					J	ı	
	Signature:						Date:	
	signature.					-	Dale.	
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.								