



Bokamoso
ENTREPRENEURIAL CENTRE
Empowering Tomorrow's Market Leaders

APPLICATION FORM

BOKAMOSO ENTREPRENEURIAL CENTRE

IMPORTANT NOTICE

Please complete this form carefully, using BLOCK LETTERS and BLACK PEN.

This form will be used to assess your application for a business premises at the
REG

APPLICANT PERSONAL DETAILS

| | | | |
|-------------------------------|--|-----------------|--|
| FULL NAME | | | |
| EMAIL | | | |
| PHONE/MOBILE NO | | POSTAL ADDRESS | |
| COMPANY NAME: | | | |
| FOUNDER & TEAM MEMBERS' NAME | | | |
| BUSINESS REGISTRATION NUMBER: | | DATE REGISTERED | |
| PHYSICAL ADDRESS | | | |

ABOUT YOUR START UP BUSINESS

/5%

| | |
|---|--|
| BUSINESS POSTAL ADDRESS: | |
| BUSINESS STREET ADDRESS: | |
| VAT REGISTRATION NR. | |
| SSC REGISTRATION NR. | |
| SUMMARY OF BUSINESS IDEA : (what service/product does your business provide) | |
| IN WHICH INDUSTRY DOES YOUR BUSINESS OPERATE: | |

MARKET

/40%

| | | | |
|---|---|-------------------------|----|
| What is your customer's profile? | | | |
| What needs does your customer have? | | | |
| How are you going to solve your customer's needs? | | | |
| Have you undertaken any market intelligence survey? | Tick (☑) the appropriate answer: | YES | NO |
| | If Yes please tick what the survey covered: | | |
| | <input type="checkbox"/> | competing products | |
| | <input type="checkbox"/> | similar business models | |
| | <input type="checkbox"/> | size of market (value) | |
| | <input type="checkbox"/> | demographic | |
| | <input type="checkbox"/> | customer trends | |
| other-please describe: | | | |

| | | | |
|---|--|---------|-------------|
| What market segment are you going to target? | | | |
| How do industry trends affect your business? | | | |
| MARKETING STRATEGY AND IMPLEMENTATION | | | |
| What pricing strategy do you apply? | | | |
| How do you let others know about your product? | | | |
| How will you get the product to your customer? | | | |
| Does the market for your product/ service appear viable/ accessible/ Is it proven, how? | | | |
| What tangible evidence portrays your company? E.g. logos, branding | | | |
| What are the existing marketing and distribution channels you make use of? | | | |
| What is your Unique Selling Proposition (USP)? | | | |
| Specify how long will it take your business to get the product/ service to market? | | 1 year | Months |
| | | 2 years | Weeks |
| | | 3 years | Days |
| COMPETITOR | | | /10% |
| Who are your competitors? | | | |
| Why would customers choose to support your business? | | | |
| What are the barriers to entry for competitors in your market? | | | |

| BUSINESS PROCESSES | | | /5% |
|---|-----------------------|---------|--------|
| Do you have a financial record system in place? If yes please explain your process briefly. | | | |
| Indicate truthfully if you have the following systems in place. | Description | Yes (x) | No (x) |
| | Record keeping system | | |
| | Quotation System | | |
| | Invoicing system | | |
| | Contract with workers | | |
| List possible training needs that you as an entrepreneur still have? | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |
| | 5. | | |

PLEASE NOTE!

Please ensure that your application are accompanied by 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 access to the 3 year incubation programme, premises and assistance at the BOKAMOSO ENTREPRENEURIAL CENTRE (BEC).

| Checklist for REQUIRED attachments: | | |
|-------------------------------------|--|--|
| 1. | Proof of registration with the Ministry of Trade and Industry | |
| 2. | Certified ID documents of business owner or partner/s | |
| 3. | Business Plan | |
| 4. | 6-month projected cash flow statement (new businesses) | |
| 5. | Latest Financial Statements if the businesses have been in operation more than 2 years | |
| 6. | 1. Social Security Certificate 2. Income/VAT Certificate | |

Failure to attach the abovementioned documentation will result in the application being considered as incomplete as it will thus not be further evaluated.

| | | | |
|------------------|--|------------------|--|
| Name: | | Position: | |
| Signature | | Date: | |

**THANK YOU FOR YOUR INTEREST IN THE BOKAMOSO ENTREPRENEURIAL CENTRE.
YOUR APPLICATION WILL BE REVIEWED BY THE BOKAMOSO ENTREPRENEURIAL CENTRE STEERING COMMITTEE. YOU WILL BE INFORMED WHETHER OR NOT THE COMMITTEE HAS DECIDED TO INVITE YOU FOR AN INTERVIEW.**

For Official Use: (Observation about the application)

Indicate if the applicant is recommended for Full incubation or Pre-Incubation.

Application Score:

/ 60 %

Interview Score

(Only shortlisted candidates)

/ 40 %

FINAL SCORE

/ 100 %