



Application form for the Youth Business Incubator (YBI) program.

**Organized by: International Organization for Migration (IOM) & President's Office,
Labour, Economic Affairs and Investments - Zanzibar**

Location: Unguja- Zanzibar

Target Group: Youth (18–35 years) with business ideas

Section A: Personal Information

1. **Full Name:** _____
2. **Date of Birth (DD/MM/YYYY):** _____
3. **Age:** _____ (Umri)
4. **Gender:** ☐ Male ☐ Female ☐ Other
5. **Phone Number:** _____
6. **Region:**.....
7. **Email Address:** _____
8. **Physical Address (Region/District/Ward):** _____
9. **Zanzibar National Identification Card no.** _____
10. **Do you have any disability?** ☐ Yes ☐ No
If yes, please specify: _____

Section B: Business Information

10. **Do you have a business idea?** ☐ Yes ☐ No If
yes, please briefly describe your idea:

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11. Is your business already operating? ☐ Yes ☐ No If yes, indicate how long it has been operating:

☐ Less than 6 months

☐ 6 months – 1 year

☐ More than 1 year

12. Sector of the Business Idea (e.g., Agriculture, ICT, Manufacturing):

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13. What challenge(s) are you facing in starting or running your business?

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Section C: Financial Information

14. Do you have an active bank account? ☐ Yes ☐ No

If yes, specify the bank name: _____

15. Are you part of any youth group, SACCO, or business association? ☐ Yes ☐ No If

yes, name of the group/association: _____

Section D: Motivation and Expectations

16: Why do you want to join this Youth Business Incubator program?

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17. What do you expect to gain from this program?

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Section E: Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that providing false information will lead to disqualification from the program.

Applicant's Signature: _____ **Date:**

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Criteria	Score (1–5)	Remarks
Age eligibility (18–35)		
Business idea clarity and potential		
Active bank account		
Motivation to join the program		
Overall suitability		

Final Decision: ☐ Selected ☐ Not Selected

Panel Judge Name: _____

Signature: _____ **Date:** _____