



**INNOVATIVE CITY  
DEVELOPMENT  
FOUNDATION**  
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## **WOMEN SUSTAINABLE INVESTMENT PROGRAM**

### Application Form

**Processing fee (N20,000)**

2 Passports

Photograph

#### **PERSONAL INFORMATION**

Name: \_\_\_\_\_

State of Origin: \_\_\_\_\_ L.G.A.: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Account: \_\_\_\_\_

BVN Number: \_\_\_\_\_

#### **NEXT OF KIN'S DETAIL**

(To be filled by Next of Kin)

Mr./Mrs.: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_

#### **BUSINESS INFORMATION**

Already have an existing business? ☐ Yes ☐ No Nature of Business (if yes): \_\_\_\_\_

Select the Area of Business Enterprise you are applying for .

☐ Production ☐ Manufacturing ☐ Agric-Business ☐ Expand Existing Business ☐ SME Training

Kindly state the expected amount: \_\_\_\_\_

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## APPLICANT'S ATTESTATION

I \_\_\_\_\_ hereby affirm that all information provided in this Application form by me are correct. If any information provided in this form is found to be false, I shall be disqualified, even if I have been shortlisted already.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

***NB: Applicants are to pay a non refundable Application Form Fee of N20,000.00 only.***

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## DETAILS OF BUSINESS

This part of the form is to be filled by owners of existing businesses, who wish to expand their businesses, and/or business owners seeking SME Business Trainings.

1. How long has your business existed?

☐ 0 – 2 Years    ☐ 3 – 4 Years    ☐ Above 5 years

2. Is your Business registered with Corporate Affairs Commission (CAC)?

☐ Yes    ☐ No    If yes what is your Registration Number? -----

3. Name of Business

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4. What is your Business Structure?

☐ Sole Proprietorship    ☐ Partnership/Joint Venture    ☐ Private Limited Company

5. Where is your Business Location(s)?

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6. What products/services do you produce ?

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7. Are your products/Services registered with any Regulatory Agency (e.g SON, NAFDAC, etc)?

☐ Yes    ☐ No    (If Yes, please specify): -----

8. What is your staff strength?

FullTime: -----    PartTime: -----    Volunteers: -----

9. Business Website, Email Address and Contact Phone Number

Website: -----    PhoneNo.: -----

Email: -----    Fax: -----

10. Have you ever collected a loan facility from any financial institution?

☐ Yes    ☐ No (If yes, kindly specify ): -----

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11.How much was collected, and have you completed the payment?

N\_\_\_\_\_ ☐ Yes ☐ No (If No, kindly state the reason):

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12.What type of Training would you require in your Business?

☐ Management ☐ Technical Support ☐ Others (kindly specify): -----

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13.What is your Annual Turnover?

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14.Do you pay Tax?

☐ Yes ☐ No (If Yes kindly provide your Tax Identification Number) : -----

15.What are the Challenges you face in doing your business apart from Finance?

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15.If you qualify for the Financial Support, how would you expand your business ?

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***Kindly note that Terms and Conditions applies for applicants wishing to expand their business.  
Applicants selected after the Preselection process will undergo verification exercise after which the  
qualified applicants will be empowered.***

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