



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

### **Application Form**

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 N30,000.00 only. Bank commission is chargeable by the Bank.***

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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 you 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 Pre-selection process will undergo verification exercise after which the  
qualified applicants will be empowered.***

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