

ENTRY FORM (STAGE 1)

This form must be completed and submitted with the right information. Falsification of information will disqualify you. * Indicates a Required field

A. APPLICANT MAIN CONTACT

This person will serve as the main point of contact for all enquiries concerning the project. All correspondence and documentation concerning the application will be directed to this person.

1. Full Name:*
2. Mobile number: *
3. Email address: *
4. Postal address:
5. Physical address:*
6. Town/Region of residence: *
7. Suburb of residence:
8. Gender (tick one box): * ☐ Male ☐ Female
9. Age (tick one box): ☐ 18-28 ☐ 29-37 ☐ 38-50 ☐ > 50
10. Current Occupation:
11. Identification (Type of ID / Number):

B. APPLICANT MAIN CONTACT

1. How many team members do you currently have?* ☐ 1 ☐ 2-4 ☐ 5+

Please provide more information about team members. This can include the Applicant Main Contact. Use 'Add More' button below if you have more than 1 team member.

2. Team Member Name:*
3. Role in startup:*
4. Nationality:*
5. Mobile number:*
6. Email address: *

C. BUSINESS or PROPOSED BUSINESS INFORMATION

1. Name of the business:*
2. District/town where the business will be/is located:*
3. Which of the following stages is your business (tick one)?*
 - ☐ Business idea
 - ☐ Start-up or running for less than six months
 - ☐ Business expansion (in business for more than six months)
4. Is your business registered (tick one)? *
 - ☐ Yes ☐ No

5. In which industry category does your business idea best fit (tick one) *

- ☐ Fine Arts and Performing Arts
- ☐ Sports, Tourism and Recreation
- ☐ Green and Ecological Business
- ☐ Health, Food and Beverages
- ☐ Fashion and Beauty
- ☐ Media, Marketing and Communication
- ☐ Information Communication and Technology
- ☐ Agri-business and Agri-processing
- ☐ Manufacturing and construction
- ☐ Transport, Logistics, Business & Professional Services

Other: _____

THIS SECTION IS FOR THOSE WHO HAVE ALREADY STARTED THEIR BUSINESS

- 6. What percentage of the business do you own:
- 7. Total sales revenues for 2016: GH¢
- 8. Total profits for 2016: GH¢*
- 9. Number of employees at year end 2016: *
- 10. Average employee annual salary at year end 2016: GH¢ *
- 11. Total value of business assets at year end 2016: *

How did you learn about NEIP BUSINESS SUPPORT SCHEME (tick all that applies)?

- ☐ Website ☐ Social Media
- ☐ Radio ☐ Newspaper (Please specify: _____)
- ☐ Institution of Higher Learning
- ☐ Friends/Family
- ☐ Other: (Please specify: _____)

D. ACCEPTANCE OF RULES, TERMS AND CONDITIONS

I confirm that I have read, understood and do unconditionally accept, and, agree to be bound by the terms and conditions of entry as published in this entry form and on the organization website.

DATE: _____

NAME: _____