



REPUBLIC OF GHANA

APPLICATION FORM

MICRO SMALL AND MEDIUM ENTERPRISES PROJECT

BUSINESS DEVELOPMENT SERVICES SCHEME

INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE TREATED IN TOTAL CONFIDENCE

For MSME-BDS office use:

APPLICATION NUMBER: _____ **DATE:** _____

1. Name of Company/Applicant:

2. Address

a. Postal

b. Location

c. E-mail

3. Telephone No.: _____ Fax No. _____

4. Contact Person: _____

Position of Contact Person: _____

5. Banker(s) _____

6. Type of Business Organisation:-

Sole Proprietor

Cooperative Society

Partnership Public

Public Liability Company

Private Limited

Public Corporation

Liability Company

Ownership (e.g. Private Ghanaian/State Owned/Foreign Owned/Joint Ghanaian/Joint Foreign):-

7. Ownership Structure: -

Local Private _____% Local Public _____%

Foreign: _____%

8. Business Activity of your Firm/Association. Please Tick

Commerce

Service

Manufacturing

Commercial Farming

Consultant Business Support

Others (Specify): _____

9. Specific Principal Business Activity of your Firm/Association.

Please describe

Total Number of Employees:-

a) Permanent: _____

d) Management: _____

b) Temporary: _____

e) Skilled: _____

c) No. of Women Employed: _____

f) Unskilled: _____

10. Production Capacity (Where applicable)

i. Product lines:

ii. Actual Level of Production/Turnover (Where Relevant in Volume/Value):

11. Target Market:-

a) Local: _____%

b) Export (Overseas): _____%

c) Destination for Exports

12. Previous Technical Assistance Received (Tick):-

- Managerial
- Capacity Building
- Research and Development
- Export Market Development
- Others (specify) _____
- Marketing/Sales
- Product Development
- Human Resource

13. Major Challenges(Tick):-

- Managerial
- Marketing
- Financial
- Capacity Building
- Product Development
- Export Marketing Information
- Others (specify): _____
- Human Resource
- Competition
- Logistic Support (specify)
- Business Environment (specify)
- Research and Development

15. Business Operation Guidelines (Tick):-

- Business Plans
- Business Operating Manual
- General Business Proposal Document
- Other(s) specify: _____

16. Previous Financial Exposure (If any - Tick):-

- Grant
- Loan
- Overdraft
- Other(s) specify: _____

17. Kind of Support/Assistance Required (list in order of priority)

18. Membership of business and professional associations:

Name of Association

Telephone and Fax

Please forward all completed forms with a detailed business plan to any of the following offices:

Project Coordinator, MSME Project, Room 407, Ministry of Trade, Industry, PSD & PSI
Ministry of Trade Regional Offices
MSME Secretariat, Private Sector Division, Ministry of Trade, Industry, PSD & PSI
Ghana Tourist Board Regional Offices
Ghana Export Promotion Council Regional Offices
National Board for Small Scale Industries Regional Office
Association of Ghana Industries Regional Office
