

PLEASE READ THESE INSTRUCTIONS BEFORE YOU APPLY:

- ANSWER ALL THE QUESTIONS IN FULL. **ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.**
- USE ONLY THE SPACES PROVIDED. **THE FULLY COMPLETED APPLICATION SHOULD NOT BE MORE THAN THREE (3) PAGES.**
- PLEASE **DO NOT WRITE ANYTHING IN THE SHADED AREAS.**
- THE APPLICATION FORM CAN BE COMPLETED IN **INK (BY PEN)** OR PREFERABLY **TYPED IN.**
- USE THIS APPLICATION FORM EVEN IF YOUR BUSINESS IS A SERVICE BUSINESS.
- A COMPLETED APPLICATION DOES NOT NECESSARILY GUARANTEE ENTRY INTO THE **AgBIT** ENTREPRENEURS BUSINESS INCUBATION.
- YOUNG ENTREPRENEURS AND FEMALE ENTREPRENEURS ARE STRONGLY ENCOURAGED.
- TERMS AND CONDITIONS APPLY.

THE COMPLETED APPLICATION SHOULD BE SENT TO achieve@agbit.co.zm OR DELIVERED TO **AgBIT BUSINESS INCUBATION OFFICE**, OFF GREAT EAST ROAD, SILVEREST AREA, INSIDE SADC PLANT GENETIC CENTRE COMPLEX, LUSAKA.
AgBIT CONTACT NUMBERS: 0955 359 916 / 0976 078 823

1. APPLICANT DETAILS	
Business/Company Name	
Full Names of Entrepreneur	
Sex	Male <input type="checkbox"/>
	Female <input type="checkbox"/>
Age	
Phone Number	
NRC	
Email address	
Physical Address	
Postal Address	
Town	
Date of Application	

2. DESCRIBE YOUR BUSINESS
(Include a description of YOUR PRODUCTS and WHAT IS INNOVATIVE ABOUT YOUR BUSINESS AND PRODUCTS)

3. At what stage is your business?	Idea <input type="checkbox"/>	Start-up <input type="checkbox"/>	Existin g SME	If Other, SPECIFY:
4. Is your business registered?	Yes	No <input type="checkbox"/>	If Yes, Date of Registration:	
5. Number of years in the same business?				
6. What is your role in the business?				
7. Who else is in the management of your business? What roles do they serve?				
8. Number of full time employees in the business?				
9. Number of part time employees in the business?				

<p>10. As the entrepreneur, are you willing to dedicate yourself to receiving business incubation support for at least 3 months?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>			
<p>11. Are you currently fully employed in the same business?</p>	<p>Yes</p>	<p>No <input type="checkbox"/></p>			
<p>12. Are you currently in employment elsewhere?</p>	<p>Yes <input type="checkbox"/></p>	<p>No</p>	<p>If Yes, SPECIFY WHERE:</p>		
<p>13. Describe the business experience you have in the same business</p>					
<p>14. Describe any other past business experience you have</p>					
<p>15.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>	<p>If Yes, is it a processed product?</p>	<p>Yes <input type="checkbox"/></p>	
<p>16. Is your product already on the market?</p>			<p>Yes</p>	<p>No <input type="checkbox"/></p>	
<p>17. If Yes, who are your current customers? BE SPECIFIC</p>					
<p>18. If your product is processed, who are your raw material suppliers?</p>					
<p>19. How much of the product are you currently selling per month? SPECIFY QUANTITY</p>					
<p>20. What are your current sales from the business per month?</p>				<p>ZMK</p>	<p>PER MONTH</p>
<p>21. Where are you producing from?</p>	<p>Kitchen <input type="checkbox"/></p>	<p>Backyard <input type="checkbox"/></p>	<p>Small Factory</p>	<p>Large Factory <input type="checkbox"/></p>	<p>Other (SPECIFY):</p>
<p>22. Who are your competitors? BE SPECIFIC</p>					
<p>23. What differentiates your products and company from your competition?</p>					

24. In which areas do you foresee your business growing?

25. Are you currently getting support from anywhere else?

Yes

No

IF YES, SPECIFY:

26. What difficulties or challenges is your business facing? **BE SPECIFIC**

27. In what areas do you need support from the AgBIT Business Incubator? **BE SPECIFIC**

28. GIVE US AT LEAST TWO TRACEABLE REFERENCES WHO CAN BE CONTACTED BY AgBIT

Please specify type of reference and give actual names of people, not just company/organization

Reference No.	Type of Business Reference			Reference Contact Details
Reference 1	Customer <input type="checkbox"/>	Supplier <input type="checkbox"/>	NGO/ Development Org. <input type="checkbox"/>	
Reference 2	Banker/ Lawyer <input type="checkbox"/>	Business Mentor/ Advisor <input type="checkbox"/>	ZDA/CEEC/ZCSMBA/ ZNFU <input type="checkbox"/>	
Reference 3	AgBIT Client/ Entrepreneur <input type="checkbox"/>	Ward Councilor/ Civic Leader <input type="checkbox"/>	Other <input type="checkbox"/>	For Other, SPECIFY TYPE: