



CITY OF WINDHOEK

Economic Development and Community Services
Economic Development Division

INDUSTRIAL STALLS

PREMISES:

APPLICATION FORM

IMPORTANT NOTICE

Please complete this form carefully, using **BLOCK LETTERS** and **BLACK PEN**.
This form will be used to assess your application for business premises.

YOUR PERSONAL DETAILS:

First Name:	<input type="text"/>			
Last Name:	<input type="text"/>			
Date of Birth:	<input type="text"/>			
Nationality:	<input type="text"/>			
Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>		
Postal Address:	<input type="text"/>			
Physical Address:	<input type="text"/>			
Contact Details:	Home:	<input type="text"/>		
	Business:	<input type="text"/>		
	Mobile:	<input type="text"/>		
	Fax:	<input type="text"/>		
	E-mail:	<input type="text"/>		
Language Proficiency: <i>(Indicate as Good, Average or Poor)</i>	Language	Speak	Read	Write
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DETAILS OF YOUR BUSINESS:

Name of Business:	<input type="text"/>		
Current Location of Business:	<input type="text"/>		
Telephone no.:	<input type="text"/>		
Company Registration No.:	<input type="text"/>		
Social Security Registration No.:	<input type="text"/>		
Type of Business: <i>(please tick the relevant box or boxes)</i>	Woodwork: <input type="checkbox"/>	Electrical: <input type="checkbox"/>	Other: <i>Please specify:</i>
	Metalwork: <input type="checkbox"/>	Upholstery: <input type="checkbox"/>	<input type="text"/>
	Automotive: <input type="checkbox"/>	Clothing: <input type="checkbox"/>	<input type="text"/>
	Arts/Crafts: <input type="checkbox"/>	Computers: <input type="checkbox"/>	<input type="text"/>
	Leather work: <input type="checkbox"/>	Design: <input type="checkbox"/>	<input type="text"/>
	Printing: <input type="checkbox"/>	Technology: <input type="checkbox"/>	<input type="text"/>
Year in which business was established:	<input type="text"/>		
No. of employees: <i>Specify:</i>	Total:	<input type="text"/>	
	Full-time: <input type="text"/>	Male: <input type="text"/>	<input type="text"/>
	Part-time: <input type="text"/>	Female: <input type="text"/>	<input type="text"/>
	Contract: <input type="text"/>	Disabled: <input type="text"/>	<input type="text"/>

Please specify the organisation / institution / business consultant who has given your business advice, financial and/or other assistance:

Institution / Organisation / Consultant

Type of assistance:

ASSISTANCE YOU HAVE RECEIVED UP TO NOW:

What has been the impact of this assistance on your business? Explain

Please give a description of your business / ideas, i.e. the nature of the product(s) and/or the services you do/intend to produce or deliver:

NATURE OF THE BUSINESS:

INFORMATION ON THE MARKET FOR YOUR PRODUCT AND/OR SERVICE:
(Continued)

How are you going to produce or deliver your product and/or service?

Do you need special equipment and/machinery to produce or deliver your product or service?

Do you have the equipment/machinery already?

YES

NO

Does your business have any specific requirements in terms of the premise?

**You should try to complete this section to the furthest extent possible.
If you do not have the data requested, please mark the box with N/A (not available).**

Capital Contributions: Current assets owned that will be utilized by the business, i.e. no additional funds are required.

Assets	Amount	Other: Specify	Amount
Telephone / Fax			
Computer hardware			
Computer software			
Machines / Equipment			
Furniture			
Supplies			
Other assets (Specify):			

Investments: What you need to invest in, so that you can start your business?

Investment	Amount	Other: Specify	Amount
Telephone / Fax			
Copying Machine			
Computer Hardware			
Computer Software			
Machines			
Equipment			
Supplies			
Furniture			
Models, prototypes etc.			
Other assets (Specify):			

Do you have access to funds in order to acquire the above-mentioned items?

- 1) Yes, I can access the funds to make the investments necessary to start my business.
- 2) I am operational, so I have already made the necessary investments.
- 3) No, I have been unable to access the necessary funds.
- 4) Partly, I have some funds that will enable me to make some of the investments.

Have you taken out a loan for your business?

If yes, from whom:

Yes: No:

Bank:

NDC:

DFN:

Family:

Other:

If yes, size of loan:

If yes, year in which loan was taken:

Do you keep your own financial records?

Yes: No:

If no, who does your book-keeping:

FINANCIAL PLANNING

FINANCIAL PLANNING
(Continued)

PRO FORMA CASH FLOW

Period starting:

Ending:

Month 1

Month 2

Month 3

Month 4

Opening Cash Balance

Cash Receipts

Cash Sales

Accounts Receivable

Other:

Total Cash Receipts

Cash Disbursements

Inventory Purchases

Salaries

Fixed Assets

Rent

Insurance

Utilities (Water & Electricity)

Interest

Advertising

Taxes

Office expenses

Accounting

Other payments (*Specify*):

**Total operating cash surplus/
deficit**

**Additional Funding
(Repayments)**

Ending Cash Balance

ACTUAL OR ESTIMATED FIGURES

FUTURE OBJECTIVES	Where would you like to see your business in the next three years?

OTHER:	Please add to your application any additional information you have available on your business and future plans (e.g. brochures, etc.) that will help us evaluate your application for a premises. leaflets, feasibility study or business plan, photos
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Name: <input type="text"/>	Position: <input type="text"/>
Signature: _____	Date: <input type="text"/>

THANK YOU FOR YOUR INTEREST.

**YOUR APPLICATION WILL BE EVALUATED BY THE ECONOMIC DEVELOPMENT DIVISION.
YOU WILL THEN BE INFORMED WHETHER OR NOT THE COMMITTEE HAS DECIDED
TO INVITE YOU FOR AN INTERVIEW.**