



ENTERPRISE ASSISTANCE GRANT PROGRAMME (EAGP) APPLICATION FORM

Application # -----

1. Surname: _____
2. Middle Initial: _____
3. Name: _____
4. Date of Birth: _____
5. Address: _____
6. Postal Address (if different from Residential):

7. Identification no: I.D# _____
8. Telephone Contact: (H) _____ (C) _____ (W) _____
9. Next of Kin: _____
10. Next of Kin Telephone Contact: (C) _____
11. Name of Business (if any): _____
12. Amount Requested: _____
13. Business Sector _____
14. Are you a full time entrepreneur: YES NO
If yes, proceed to question 15; if no, proceed to question 17
15. How long have you been full time: _____
16. What areas(s): _____
17. Are you currently employed: YES NO
If yes, proceed to question 18; if no, proceed to question 21
18. Name of Employer: _____
19. Length of Service: _____
20. Employment Status: Permanent Contract
21. Institution(s) Attended: _____
22. Year: _____
23. Certificates Obtained:
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____



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24. Give a brief description of your Business Idea

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25. What experience or formal training do you have in the business field?

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26. What are your competitive advantages?

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27. What market research have you done to ascertain the need for your goods or service?

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28. What is your projected income and expenditure?

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29. What will the funds be used for?

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30. How will your goods or service contribute to your customers and to the economic landscape on a whole?

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I declare that the above information provided is true and correct, and any misrepresentation can lead to immediate denial of this Grant and disqualify me from any other application for funding.

Client's Signature: _____

Date: _____

Officer's Signature: _____

Date: _____