



CLIENT INTAKE FORM

Have you dealt with SBDC before? Yes No

Referred By: Friend/ Relative SBDC Client SBDC Partner Registry of Companies Social Media Other:

Part 1 (a) **Primary Contact Information** Sole Proprietor Partner 1

First Name:

Middle Name:

Last Name:

Date of Birth

National ID #

NIC#

Driver's License #

Passport #

Personal E-mail:

Mailing Address:

Position: Sole Owner Partner President CEO Director Shareholder Other (specify):

Work Phone:

Mobile Phone:

Home Phone:

Fax:

Sex: Male Female

Marital Status:

Married

Single

Divorced

Other (specify)

Educational Background: Primary School Secondary School Tertiary / College Other (specify):

Employment Status: Unemployed Employed Self Employed Other (specify)

Part 2

Business Information

Business Name:

Registration Number:

N/A

Ownership: Male Female Male & Female

Organization Type:

Sole Proprietorship

Partnership

Company (Ltd/Inc.)

Business Sector:

Agriculture

Manufacturing

Retail & Wholesale

Service

Other:

Sub-sector:

Do you conduct your business online? Yes No

Is this a home-based business? Yes No

Do you have a website? Yes No (If yes, please provide it)

Business Activity: Export Import Both N/A

List Countries:

Physical Address:

Business E-mail:

What are the areas that you need assistance with? (Select as many as are appropriate):

Business/ Entrepreneurial Development

Business Name Registration

Business Incorporation

Partnership Agreements

Entrepreneurial Training

Business Management & Advice

Strategic Plan Development

CSME Rights of Establishment

Trade License / Import License

Access to Finance

Business Plan Development

Duty Free Concessions

Financial Record Keeping Systems

Business Banking

Fiscal Incentives

Financing Agencies Information

Marketing and Advocacy

Marketing Plan Development

Market Research

Exhibitions & Trade Shows

Networking Opportunities

Product Development

Standards Promotion

Standards Compliance

Export Promotion

I hereby request business-counselling service from the Small Business Development Centre (SBDC) or its affiliated partner agencies. I agree to cooperate should I be selected to participate in surveys designed to evaluate the SBDC's services. I further permit the SBDC or its representative agents the use of my name and address for SBDC related surveys and information mailings regarding SBDC products and services (Yes No .

I understand that any information disclosed will be held in strict confidence. (SBDC will not provide your personal information to external commercial entities.) I authorize the SBDC to furnish relevant information to the assigned Business Development Officer(s). I further understand that the Officer(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this relationship. In consideration of the Officer(s) furnishing management or technical assistance, I waive all claims against SBDC personnel, and that of its Resource Partners and host organizations, arising from this assistance.

Contact Name

Signature

Date

