



## 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

<b>First Name:</b>		<b>Middle Name:</b>		<b>Last Name:</b>	
Date of Birth	National ID #	NIC#	Driver's License #	Passport #	
<b>Personal E-mail:</b>			<b>Mailing Address:</b>		
<b>Position:</b> <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> CEO <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Other (specify):					
Work Phone:		Mobile Phone:		Home Phone:	
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other (specify)			
<b>Educational Background:</b> <input type="checkbox"/> Primary School <input type="checkbox"/> Secondary School <input type="checkbox"/> Tertiary / College <input type="checkbox"/> Other (specify):					
<b>Employment Status:</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Other (specify)					

**Part 2** **Business Information**

<b>Business Name:</b>		<b>Registration Number:</b> <input type="checkbox"/> N/A	
<b>Ownership:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male & Female		<b>Organization Type:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Company (Ltd/Inc.)	
<b>Business Sector:</b> <input type="checkbox"/> Agriculture <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail & Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Other:			
<b>Sub-sector:</b>			
<b>Do you conduct your business online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is this a home-based business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you have a website?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide it)			
<b>Business Activity:</b> <input type="checkbox"/> Export <input type="checkbox"/> Import <input type="checkbox"/> Both <input type="checkbox"/> N/A		<b>List Countries:</b>	
<b>Physical Address:</b>		<b>Business E-mail:</b>	
<b>What are the areas that you need assistance with?</b> (Select as many as are appropriate):			
<b><u>Business/ Entrepreneurial Development</u></b> <input type="checkbox"/> Business Name Registration <input type="checkbox"/> Business Incorporation <input type="checkbox"/> Partnership Agreements <input type="checkbox"/> Entrepreneurial Training <input type="checkbox"/> Business Management & Advice <input type="checkbox"/> Strategic Plan Development <input type="checkbox"/> CSME Rights of Establishment <input type="checkbox"/> Trade License / Import License	<b><u>Access to Finance</u></b> <input type="checkbox"/> Business Plan Development <input type="checkbox"/> Duty Free Concessions <input type="checkbox"/> Financial Record Keeping Systems <input type="checkbox"/> Business Banking <input type="checkbox"/> Fiscal Incentives <input type="checkbox"/> Financing Agencies Information	<b><u>Marketing and Advocacy</u></b> <input type="checkbox"/> Marketing Plan Development <input type="checkbox"/> Market Research <input type="checkbox"/> Exhibitions & Trade Shows <input type="checkbox"/> Networking Opportunities <input type="checkbox"/> Product Development <input type="checkbox"/> Standards Promotion <input type="checkbox"/> Standards Compliance <input type="checkbox"/> 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



<b>Part 3</b>	<b>Business Status</b>
Is your business already in operation? <input type="checkbox"/> No: <i>(Complete Section A)</i> <input type="checkbox"/> Yes: <i>(Complete Section B)</i>	

<b>Section A</b>	Do you have a specific business idea? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, explain)</i>
.....	
Why are you interested in this industry? <input type="checkbox"/> Industry Related Experience <input type="checkbox"/> Personal Interest <input type="checkbox"/> Market Opportunity <input type="checkbox"/> Profession/Technical Qualification <input type="checkbox"/> Other: .....	
What is your funding source? <input type="checkbox"/> Loan <input type="checkbox"/> Personal Finances <input type="checkbox"/> Family/ Friends <input type="checkbox"/> Grant <input type="checkbox"/> Investment <input type="checkbox"/> Other: .....	
When are you planning on starting your business? <input type="checkbox"/> ASAP <input type="checkbox"/> 1-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> In over a year	
Have you developed a business plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Section B</b>	When did the business commence operations? Day.....Month.....Year.....
Number of Employees: Male: ..... Female: .....	Number of Employees: Full Time: ..... Part Time: .....
What Are Your Current Annual Sales Levels EC\$: <input type="checkbox"/> \$100,000 and under <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	
What is the Current value of the business Assets EC\$: <input type="checkbox"/> \$75,000 and under <input type="checkbox"/> \$75,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> Over \$500,000	
Have you considerably increased the number of employees in the last 6-12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you considerably increased sales in the last 6-12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you considerably increased asset base in the last 6 -12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What are your products and/or services?	
What is your Target Market?	
Is your company in crisis and needs immediate assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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<b>Part 4</b>	<b>Tier classification</b>		
<input type="checkbox"/> PREVENTURE (TIER 1)	<input type="checkbox"/> START-UP BUSINESS (TIER 2)	<input type="checkbox"/> ESTABLISHED BUSINESS (TIER 3)	<input type="checkbox"/> HIGH GROWTH BUSINESS (TIER 4)
Advice/ Instructions Given? ..... .....			
Copy of Identification Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Copy of Registration Certificate Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Interviewing Officer	Signature	Date
SBDC Director	Signature	Date Assigned
Assigned Officer / Primary Consultant	Signature	Date Received

**Part 1 (b) Contact Information**

<b>First Name:</b>		<b>Middle Name:</b>		<b>Last Name:</b>	
Date of Birth	National ID #	NIC#	Driver's License #	Passport #	
<b>E-mail Address:</b>			<b>Mailing Address:</b>		
<b>Position:</b> <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> CEO <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Other (specify):					
Work Phone:		Mobile Phone:		Home Phone:	
Fax:					
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other (specify)#			
<b>Educational Background:</b> <input type="checkbox"/> Primary School <input type="checkbox"/> Secondary School <input type="checkbox"/> Tertiary / College <input type="checkbox"/> Other (specify):					
<b>Employment Status:</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Other (specify)					

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Contact Name

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Signature

\_\_\_\_\_

Date

**Part 1 (c) Contact Information**

<b>First Name:</b>		<b>Middle Name:</b>		<b>Last Name:</b>	
Date of Birth	National ID #	NIC#	Driver's License #	Passport #	
<b>E-mail Address:</b>			<b>Mailing Address:</b>		
<b>Position:</b> <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> CEO <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Other (specify):					
Work Phone:		Mobile Phone:		Home Phone:	
Fax:					
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other (specify)#			
<b>Educational Background:</b> <input type="checkbox"/> Primary School <input type="checkbox"/> Secondary School <input type="checkbox"/> Tertiary / College <input type="checkbox"/> Other (specify):					
<b>Employment Status:</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Other (specify)					

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Contact Name

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Signature

\_\_\_\_\_

Date

**Part 1 (d) Contact Information**

<b>First Name:</b>		<b>Middle Name:</b>		<b>Last Name:</b>	
Date of Birth	National ID #	NIC#	Driver's License #	Passport #	
<b>E-mail Address:</b>			<b>Mailing Address:</b>		
<b>Position:</b> <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> CEO <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Other (specify):					
Work Phone:		Mobile Phone:		Home Phone:	
Fax:					
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other (specify)#			
<b>Educational Background:</b> <input type="checkbox"/> Primary School <input type="checkbox"/> Secondary School <input type="checkbox"/> Tertiary / College <input type="checkbox"/> Other (specify):					
<b>Employment Status:</b> <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Other (specify)					

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Contact Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Assigned Officer/ Primary Consultant

Signature

Date Received