**APPLICATION FORM**

**FOR ANNUAL PRESIDENTIAL AWARD**

|  |  |
| --- | --- |
| Project Identification Number  |  |

|  |
| --- |
| **Category of MSME**  |
| Micro Enterprise, Small Enterprise and Medium Enterprise |

|  |  |
| --- | --- |
| **Date of Entry** |  |

|  |  |
| --- | --- |
| **1.0 PARTICIPANT INFORMATION**  |  |
| **1.1 Name of Business (MSME) or Cooperative Applying** |  |
| * 1. Legal Form of Applicant (e.g. Limited Company, Cooperative, etc.) Attach copy of certificate
 |  |
| * 1. Business/ Cooperative Registration Number
 |  |
| * 1. Social Distribution (majority composition of business) (please tick where applicable)
 | Youth-Female  | Youth- Male  | Persons with Disability  | Women  | Men  |
|  |  |  |  |  |
| * 1. ZRA Tax Payer Identification Number (TPIN)
 |  |
| * 1. Province
 |  |  | Village and Name of Headman/Induna |  |
| * 1. District
 |  |  | Street Address & Plot No. |  |
| * 1. Ward
 |  |  | Contact Number(s) for Applicant |  |

|  |
| --- |
| **1.2 Shareholders of the Business/ (For Cooperatives, attach list of paid up members):** |
| **No.** | **Full Names** | **Nationality** | **NRC/ Passport No. (provide copy of ID)**  | **% share holding****where applicable**  | **Position in the Business** |
|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **1.3 Authorized Representatives (Provide two Names)** |
| **1. Name of Contact Person** |
| Position in the Business |  |
| Contact Number(s) | Cell:  | Telephone: |
| Email |  |
| Physical Address ( Residential Address) |  |
| **2. Name of Contact Person** |
| Position in the Business |  |
| Contact Number(s) | Cell:  | Telephone: |
| Email |  |
| Physical Address (Residential Address) |  |

|  |
| --- |
| **2.0 BUSINESS INFORMATION**  |
|

|  |  |
| --- | --- |
| 1. Date business was formally established:
 |  |
|  |  |
| 1. Economic sector of business:
 |  |
|  |  |
| 1. State business product/service
 |  |

1. Briefly describe the nature of business and its operations.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 1. How many workers did your business have by 12th August 2021?
 |  |

|  |  |
| --- | --- |
| 1. How many workers did you have by 12th August 2022?
 |  |

 |

|  |
| --- |
| **3.0 MARKET INFORMATION**  |
|

|  |  |  |
| --- | --- | --- |
| **Measure** | **At 12th August 2021** | **By 12th August 2022** |
| 1. Market being serviced (Include location)
 |  |  |
| 1. Market Penetration (Market Share %)
 |  |  |
| 1. Access to export markets i.e. value of exports (ZMW)
 |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Social contribution i.e. business benefit to the community
 |  |  |

 |

|  |
| --- |
| **4.0 FINANCIAL INFORMATION (Growth Performance)** |
|

|  |  |  |
| --- | --- | --- |
| **Impact Measure** | **The last one year before 12th August 2021 ( Between 12th August 2020 to 12th August 2021)** | **By 12th August 2022 (between 12th August 2021 and 12th August 2022)** |
| 1. Total Investment (Capital)
 |  |  |
| 1. Production Volume (Capacity) per year
 |  |  |
| 1. Price of the product
 |  |  |
| 1. Annual Turnover
 |  |  |
| 1. Annual Tax Contribution
 |  |  |
| 1. Cost of production/Year
 |  |  |
| 1. Annual gross profit
 |  |  |

 |

|  |
| --- |
| 1. **INNOVATION INFORMATION**
 |
| 5.1 Give a brief description on what your innovation was and what problem it solved or the process it improved which led to this growth.

|  |
| --- |
|  |

* 1. Explain how your innovation generated income for you or others or how it assisted in improving operations of your business.

|  |
| --- |
|  |

* 1. Please explain, why you think you deserve this award?

|  |
| --- |
|  |

* 1. How will the award benefit your business?

|  |
| --- |
|  |

 |

|  |
| --- |
| **6.0 MANAGEMENT TEAM** |
| *[Applicant to indicate names, positions, qualifications and relevant experience of key members of the management team that are implementing the business]*  |
| **No.** | **Full Name** | **Management Position** | **Management Qualification and Experience** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

|  |
| --- |
| **7.0 CHECKLIST ( Please check and tick all the necessary documents that must be submitted)**  |
| For Limited Company and Cooperative ( Attach valid copy of certificate) |  |
| For Limited Company ( Attach copies of NRC for Shareholders) |  |
| Proof of ZRA Valid Tax Clearance Certificate  |  |
| For Cooperatives ( Attach copies of NRC for Chairperson, Vice Chairperson, Secretary and Treasurer and Two Committee Members) |  |