

**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 30th July 2024? |  |  |  |  | | --- | --- | | 1. How many workers did you have by 30th July 2025? |  | |

|  |
| --- |
| **3.0 MARKET INFORMATION** |
| |  |  |  | | --- | --- | --- | | **Measure** | **At 30th July 2024** | **By 30th July2025** | | 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 30th July 2024 ( Between 30th July 2023 to 30th July 2024)** | **By 30th July 2025 (between 30th July 2024 and 30th July 2025)** | | 1. Total Invest (Capital) |  |  | | 1. Production Volume (Capacity) per year |  |  | | 1. Price of the product |  |  | | 1. Yearly revenue |  |  | | 1. Yearly Tax Contribution |  |  | | 1. Cost of production/Year |  |  | | 1. Monthly gross profit/Year |  |  | |

|  |
| --- |
| 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.  |  | | --- | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Cooperatives ( Attach valid list of paid up members) |  |
| 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) |  |
| For Limited Company and Cooperative ( copy of Tax Clearance certificate) |  |