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MARITIME BUSINESS INCUBATOR

APPLICATION FORM

Company / Personal Details		
REGISTERED NAME:		
TRADING NAME:		
TAX NUMBER:		
VAT NUMBER:		
COMPANY REGISTRATION NUMBER:		
CC REGISTRATION: (where applicable)		
PRACTICE NUMBER:		
FULL NAME OF APPLICANT:		
ADDRESS OF BUSINESS:		
ID NUMBER:	PASSPORT NUMBER:	
MALE:	FEMALE:	
CONTACT NUMBERS: OFFICE:	HOME:	

CELL:	FAX:
EMAIL:	
	PHONE:
NATURE/TYPE OF BUSINESS:	
NUMBER OF YEARS IN BUSINESS:	
NAME OF ACCOUNTANT/AUDITOR:	
CURRENT CLIENTS:	
EDUCATIONAL — TECHNICAL AND ACADEM	IIC QUALIFICATIONS OF ENTREPRENEUR:
NUMBER OF YEARS OF EXPERIENCE IN THI	
KEY CLIENTS:	
ANNUAL TURNOVER:	
YEAR ENDING FEBRUARY 2015:	
YEAR ENDING FEBRUARY 2014:	
YEAR ENDING FEBRUARY 2013:	
ANNUAL PROFIT:	
YEAR ENDING FEBRUARY 2015:	
YEAR ENDING FEBRUARY 2014:	
YEAR ENDING FEBRUARY 2013:	

WHAT ARE YOUR EXPECTATIONS OF THE EMC MARITIME BUSINESS INCUBATOR PROGRAMME?
WHAT ARE YOUR MAJOR CHALLENGES IN BUSINESS?
WHAT STEPS HAVE YOU ALREADY TAKEN TO ADDRESS THE ABOVE CHALLENGES?
MOTIVATE YOUR BUSINESS READINESS FOR THIS INTERVENTION:
ARE YOU AVAILABLE TO PARTICIPATE IN THIS PROGRAM, THAT IS, ATTEND THE TRAINING
THE WORKSHOPS AND BUSINESS MENTORSHIP PROGRAM?

PLEASE INDICATE YOUR PREFERENCE BY TICKING THE RELEVANT OPTION:

	YES	NO		
FULL PHYSICAL INCUBATION				
VIRTUAL INCUBATION				
PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS:				
☐ At least two letters of reference contact details	ence from clients whom you have	provided services to with their		
☐ Business Registration Docume	nts			
☐ Business Profile and List of Services				
☐ Cancelled Cheque / Bank Verification Letter				
\square ID Documents of business owners				
☐ SARS Tax Clearance Certificate	2			
\square Verification Certificate for BB	BEE			
OPTIONAL:				
☐ Service Costings & Time Frames				
\square Any other relevant information to assist with your application				
I DECLARE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.				
SIGNED ON THIS DAY OF	2015 IN DURBAN.			
NAME:	SIGNATURE:			
Thank you for your application.				

SIGNATURE OF EMC RECIPIENT:

DATE RECEIVED BY EMC:

NAME OF EMC RECIPIENT: