



## 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  Treasurer  CEO  President  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

#### Access to Finance

Business Plan Development

Duty Free Concessions

Financial Record Keeping Systems

Business Banking

Financing Agencies Information

#### Marketing and Advocacy

Marketing Plan Development

Market Research

Exhibitions & Trade Shows

Networking Opportunities

Standards Promotion

Product Development

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.

Client Name

Signature

Date



**Part 3 Business Status & Tier classification**

Is your business already in operation?  Yes : *(Complete Section B)*  No : *(Complete Section A)*

**Section A** If "NO", do you need assistance to start-up your business?  Yes  No

Do you have a specific business idea?  Yes  No *(If yes, explain)*

Why are you interested in this industry?

Industry Related Experience  Personal Interest

Market Opportunity  Profession/Technical Qualification  Other: .....

What is your funding source?

Loan  Personal Fund  Family Fund  Grant  Investment  Other: .....

When are you planning on starting your business?  ASAP  1-3 months  4-6 months  6-12 months  In over a year

Have you developed a business plan yet?  Yes  No

**Section B** When was the business established? Day.....Month.....Year.....

Number of Employees: Male: ..... Female: .....

Number of Employees: Full Time: ..... Part Time: .....

What Are Your Current Annual Sales Levels EC\$:  \$100,000 and under  \$100,001 - \$500,000  \$500,001 - \$1,000,000

What is the Current value of the business Assets EC\$:  \$75,000 and under  \$75,001 - \$250,000  \$250,001 - \$500,000

Have you considerably increased the number of employees in the last 6-12 months?  Yes  No

Have you considerably increased sales in the last 6-12 months?  Yes  No

Have you considerably increased asset base in the last 6 -12 months?  Yes  No

**What are your products and/or services?**

**What is your Target Market?**

Is your company in crisis and needs immediate assistance?  Yes  No

**Part 4 For Official Use Only**

ENTREPRENEUR (TIER 1)  ESTABLISHED BUSINESS (TIER 2)  GAZELLE (TIER 3)

Advice/ Instructions Given?

.....  
 .....

Copy of Identification Attached?  Yes  No

Copy of Registration Certificate Attached?  Yes  No

Interviewing Officer

Signature

Date

SBDC Director

Signature

Date Assigned

Assigned Officer /  
 Primary Consultant

Signature

Date Received



<b>Part 1 (b)</b>		<b>Contact Information (Partner 2)</b>		
<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"/> CEO <input type="checkbox"/> President <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)				

Client Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Part 1 (b)</b>		<b>Contact Information (Partner 3)</b>		
<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"/> CEO <input type="checkbox"/> President <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)				

Client Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Part 1 (b)</b>		<b>Contact Information (Partner 4)</b>		
<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"/> CEO <input type="checkbox"/> President <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)				

Client Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Assigned Officer/ Primary Consultant \_\_\_\_\_ Signature \_\_\_\_\_ Date Received \_\_\_\_\_