

Form F1 Version 12.9.17

CLIENT INTAKE FORM							
Have you dealt with SBDC before? ☐ Yes ☐ No							
Referred By: Friend/ Rela	ative SBDC Client	☐ SBDC Partner ☐	Registry of Com	panies Social Media	a ☐ Other:		
Part 1 (a)	Primary Contac	t Information	Sole Proprieto	or □Partner 1			
First Name:		Middle Name:		Last Name:			
Date of Birth	National ID #	NIC#		Driver's License #	Passport #		
Personal E-mail:			Mailing Add	ress:	<u>. l</u>		
Position: ☐ Sole Owner ☐ Partner ☐ President ☐ CEO ☐ Director ☐ Shareholder ☐ Other (specify):							
Work Phone:	Mobile Phor	ne:	Home Phone:		Fax:		
Sex: Male Female	Marital Status:	☐ Married	 ☐ Single ☐	Divorced	er (specify)		
Educational Background: ☐ Primary School ☐ Secondary School ☐ Tertiary / College ☐ Other (specify):							
Employment Status: ☐ Unemployed ☐ Employed ☐ Self Employed ☐ Other (specify)							
Part 2	Business Inforn	nation					
Business Name:				Registration Number:	□N/A		
Ownership: Male Fer	male	le Organiza	tion Type:	Sole Proprietorship	Partnership		
Business Sector: Agriculture Manufacturing Retail & Wholesale Service Other:							
Sub-sector:							
Do you conduct your busin	ness online? Yes	□ _{No}	Is this a hon	ne-based business?] _{Yes} □ _{No}		
Do you have a website? ☐ Yes ☐ No (If yes, please provide it)							
Business Activity: Expo	rt 🗌 Import 🗎 Both	□ N/A List Co	ountries:				
Physical Address:			Business	E-mail:			
What are the areas that y	rou nood assistance v	with 2 (Salast as man)	/ as are enprenrie				
Business/ Entrepreneuria		Access to			arketing and Advocacy		
☐Business Name Registra		☐Business Plan [ng Plan Development		
☐Business Incorporation		□ Duty Free Concessions		□Market			
☐Partnership Agreements		☐Financial Record Keeping Syster		ns □Exhibiti	ons & Trade Shows		
☐Entrepreneurial Training		☐Business Banking		□Network	king Opportunities		
☐Business Management & Advice		☐Fiscal Incentives		□Product	Development		
☐ Strategic Plan Development		☐Financing Agencies Informatio		☐ Standa	ards Promotion		
□CSME Rights of Establishment				☐ Standa	irds Compliance		
☐ Trade License / Import License				☐ Export	Promotion		
cooperate should I be selecte agents the use of my name an I understand that any informa entities.) I authorize the SBDC agrees not to: 1) recommend	ed to participate in sund address for SBDC retion disclosed will be led to furnish relevant in goods or services from of the Officer(s) furnish	rveys designed to evelated surveys and infection in strict confident formation to the assign sources in which here management or the surveys in sources in which here in the surveys in sources in which here is the surveys in the sur	aluate the SBDC ormation mailings lice. (SBDC will nigned Business Decide) an inter-	's services. I further per regarding SBDC product not provide your personal evelopment Officer(s). I rest, and 2) accept fees	filiated partner agencies. I agree to ermit the SBDC or its representative cts and services (Yes \(\subseteq No \subseteq \). al information to external commercial further understand that the Officer(s) or commissions developing from this ainst SBDC personnel, and that of its		
Contact Nam	ne		Signature		Date		





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Part 3	Business Status						
Is your business already in operation? ☐ No: (Complete Section A) ☐ Yes: (Complete Section B)							
Section A Do you have a specific business idea? Yes No (If yes, explain)							
☐ Industry Related Exper			ence Personal Interest				
Why are you interested in this industry?			☐ Profession/Technical Qualification				
Other:							
Loan Personal Finances Family/ Friends 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? ☐ Yes ☐ No							
Section B When did the business commence operations? DayMonthYear							
Number of Emp	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 □ Over \$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 ☐ Over \$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 For Official Use Only							
Part 4	Tier classificati						
	VENTURE	☐ START-UP BUSINESS	☐ ESTABLISHED BUSINESS	☐ HIGH GROWTH BUSINESS			
(Т	TER 1)	(TIER 2)	(TIER 3)	(TIER 4)			
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			

