Application Number (for internal use only)

## USAID Small and Medium Enterprise Activity (SMEA) Project All Sectors

## Small and Medium Enterprise (SME) Application Form

## **INSTRUCTIONS**

- Please attach all supporting documents listed below and provide complete information requested in application form.
- It is important that you provide us with correct information to ensure quick processing
- This application form should be signed by the authorized representative of the enterprise.
- If you need any clarification or explanation, please contact at smea\_info@pakistansmea.com or +92 (51) 261 7859-60.

	ase check your eligibility before completing the form. eck the relevant box with " $\checkmark$ " symbol)	Yes	No	
a.	Is the number of your employees MORE than 250?			If you have answered " <b>YES"</b> to any of
b.	Is your Annual Revenue MORE than Rs. 800 million? (including holding/subsidiary company & associated companies)			the questions, please <b>STOP</b> and
c.	For business led by men, entity is operational for less than one year			contact <b>SMEA</b> . Otherwise continue to
d.	In case of woman / disabled person's owned, business is operational for less than six months			the next section.
e.	Are you a not-for-profit company or NGO			

## Please Submit Following Supporting Documents (if applicable) with the Application

For Sole proprietorship and women led businesses

- I. NTN certificate & CNIC copy (Contact SMEA if you need help with getting an NTN)
- 2. Income statement (01 year, signed & stamped)
- 3. Company brochure, and/or product literature (if available)

For Partnership concerns (registered/un-registered)

- 4. NTN certificate &CNIC Copies
- 5. Income statement (01 year, signed & stamped)
- 6. Company brochure, and/or product literature (if available)
- 7. Partnership deed/agreement (may require for verifications)

For Private Limited Companies

- 8. NTN certificate
- 9. Company Registration Certificate and CNIC copy (All directors)
- 10. Company brochure, and/or product literature (if available)
- 11. Audited financial statements (for Pvt Ltd and registered partnership), otherwise signed income statements (last 01 fiscal year) on company letter head verified by third party/CA firm etc.

Please return Completed Forms & Documents electronically to <a href="mailto:SMEASubcontracts@Pakistansmea.com">SMEASubcontracts@Pakistansmea.com</a>

A. OWNERSHIP AND LEGAL DETAILS									
Name of Enterprise									
Business start date									
Business Operational for		☐ 6 months — I year ☐ I - 2 years ☐ 2 — 3 years ☐ 3 - 4 years ☐ 5 and above		•					
Type of Enterprise  (Check the relevant box with "√" symbol)									
Sole Proprietorship	☐ Unregis	tered Partnership	Registered Partnersh	ip Private Limited Company					
Please provide the follow	ing registratio	on details							
National Tax Number (NTN)		Company Registration Number/ Partnership Registration Number		Business Registration Date					
Note: If you do not have an I	NTN, please stop	and contact the SMEA	staff at smea_info@pakistans	smea.com					
B. CONTACT DETAILS									
Correspondence Address	(If more than o	one, include addresses	in the Additional Informatio	on box)					
Postal Address									
Telephone (land line)			Mobile						
Fax			Email						
Contact Person Name			Designation						
Website (if any)									
C. BUSINESS DETAILS  (Check the relevant box with "\sqrt{"}" symbol. Select all that apply)									
Focused sector(s)		∐ IC ∐ T ∐ A	lospitality CT extiles (Minus spinning) gri-businesses & processi Vomen led businesses (fro						
Please provide locations and contact information of other branches / franchise (If any)									

E. FINANCIAL DETAILS						
Please prov	Please provide the following financial information (in Rs)?					
	Last Financial Year					
Annual sales revenues (in Pak rupees)						
Exports/ Foreign Customers (if any) (in Pak rupees)						
F. EMPLOYMENT DETAILS						
How many workers do you have?	Current Year					
Permanent (Male)						
Contractual (Male)						
Permanent (Female)						
Contractual (Female)						
G. BUSINESS DEVELOPMENT SERVICE RE	QUIRED					
Please select the business development service(s) that you are interested in that will help to improve your business?	□ Technical assistance: skills development trainings, new product design and development, engineering solutions, productivity enhancement, lean manufacturing/management, technical and management trainings, short training courses, energy audits and conservation, or any other  Specify: □ ICT services: website and mobile based application development, software, ERPs, e-marketing solutions, e-commerce, call center / BPO or any other  Specify: □ Quality and Safety Certifications: ISO 9000, Food safety and compliance standards (HACCP, ISO 22000) SA 8000 or any other  Specify: □ Marketing support and strategy: market intelligence / information, new markets and buyers' identification, product and brand development, marketing collaterals, packaging, or any other  Specify: □ Digital marketing, export marketing or any other  Specify: □ Accessing financial services: tax advisory, book keeping, financial management, digital payment solutions, Point of Sale (POS) software, credit worthiness assessment Support or any other  Specify: □ Specify:					

Describe the impact of required business development services	How BDS service will result in increase in sales (in percentage).											
(For example, hotel management software will help me to increase my restaurant annual sales by 10 percent of last year sales)	2.	How BDS service will result in an increase in jincreased).	ll result in an increase in jobs (no. of staff expected to be									
I. Please mention any support your business h	as received	from a donor or other program, whet	ther in cash o	r in kind.								
⊔ Yes ⊔ No												
J. Please check the following boxes before (Check the relevant box with "\sqrt{"}" symbol)	Yes	No										
<ul> <li>I/We also confirm that we have funding available we intend to fully implement the activities described do so by the SMEA.</li> </ul>												
b. I agree to pay mutually agreed cost share of to provider/consultant/trainer as soon as the appr												
c. I agree to share sales and employment data and offered in terms of business growth, ease of do development, quality.												
K. DECLARATION & AGREEMENT												
I/We certify that the information provided in this application form is correct to the best of my/our knowledge. I/We agree to the SMEA terms and conditions as outlined in the instructions to applicants and the draft agreement. I/We, grant permission to USAID Small and Medium Enterprise Activity (SMEA) to share only the contact details (including contact name, designation, name of organization, phone number, and email) with SMEA-contracted business development service providers (BDSPs), consultants, and trainers. This information will only be used for providing technical assistance to small and medium enterprises (SMEs) related to SMEA's program activities. I/We understand that all other information contained in this application will be treated confidentially by SMEA (only for internal use) and we agree that SMEA can ask any additional documents or to have access to the original documentation as required.  I understand that SMEA reserves the right to reject the application without assigning any reason.												
		Con	npany Seal									
Signature		Con	npany ocar									
Name												
Job Title												
CNIC												

H. IMPACT OF BUSINESS DEVELOPMENT SERVICE(S) IN YOUR BUSINESS