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| **APPLICATION FORM FOR PROGRAM ELEVATE (COHORT 2)** |
| **APPLICATION GUIDELINES** |
| 1. **GENERAL ELIGIBILITY CRITERIA:**
* A locally registered business in Brunei Darussalam.
* A minimum of 2 years of business operations.
* Has a minimum annual revenue of around BND100,000.
* Possess the aspiration and commitment to pursue the growth of the business.
* Have competitive opportunities in the domestic and international market.
* Management team that is fully committed, dedicated and resourceful.
1. **SELECTION PROCESS:**
* Step 1: Submission of the application form & required documents before the deadline

Step 2: Assessment of application form & documents including company visitsStep 3: Final selection of participants Step 4: Signing of NDA with DARe* Target start of project: **February 2022**
1. **GUIDE AND INSTRUCTIONS:**
* To expedite your application, please provide complete information as requested. If the space provided is insufficient, a separate sheet may be used. Where information is not yet available or not applicable, please indicate accordingly.
* Upon completion of this application, you are required to submit ALL relevant documents in the following checklist.
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| **DOCUMENT CHECKLIST** |
| [ ]  Company Registration (16/17 or Form X)/Incorporation Certificate |
| [ ]  Identification Card *(for shareholder(s)/owner(s) only)*[ ]  Shareholder certificate(s) |
| [ ]  Company Profile *(e.g. vision & mission, track record of projects, description of products and services, etc)* |
| [ ]  Detailed Company Organisation Chart *(including name and position)* |
| [ ]  Company Brochures *(if any)* |
| [ ]  Annual Reports *(past 3 years, if available)* |
| [ ]  Certificates and/or Standards *(if any and/or applicable)* |
| **Company Details** |
| **Business/Company name**  |  |
| **Registration No.**  |  |
| **Registration Date** dd/mm/yyyy |  |
| **Business Type** | [ ]  Sole Proprietorship | [ ]  Partnership | [ ]  Private Limited (Sdn Bhd) |
| **Business Category/Size** | [ ]  Micro (0-4 Employees) | [ ]  Small (5-19 Employees) | [ ]  Medium (20-99 Employees) |
| **No. of Employees** | Local |  |
| Foreign |  |
| **Owners/Shareholders/****Directors details**as stated in Business Registration | Name(s) | Nationality | Share (%) | IC No. |
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| **Address** | Registered |  |
| Postal (if different) |  |
| Office (if different) |  |
| **Contact Details** | Landline |  |
| Mobile |  |
| E-mail |  |
| **Social Media** | Website |  | Instagram |  |
| Facebook |  | Others |  |
| **Branch details** | No. of Branches |  |
| Location(s) |
| i. |
| ii. |
| iii. |
| **Initiatives joined under DARe** | [ ]  Bruneian Made | [ ]  Bruneian Finest | [ ]  DARe LINKS |
| [ ]  Micro Bootcamp | [ ]  Accelerate | [ ]  Co-Matching |
| [ ]  Industry Business Academy (IBA) | [ ]  Biz Brunei |
| [ ]  Space (please specify):  | [ ]  Others (please specify): |
| [ ]  None |
| **Standards/Certifications** | [ ]  GMP | [ ]  HACCP | [ ]  Halal |
| [ ]  ISO:  | [ ]  Others, please specify: |
| **Do you intend to get certification(s)?** | [ ]  Yes.Please specify which:  | [ ]  No. Please specify why: |

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| **Understanding Your Business** |
| **Core business activity**e.g. restaurant/cafe, manufacture of beverages, etc. |  |
| **Core product/service** e.g. bread/pastries, cordial drinks, etc. | i. |
| ii. |
| iii. |
| **Top customers** | i. |
| ii. |
| iii. |
| **Top competitors** | i. |
| ii. |
| iii. |
| **Assistance required**e.g. business planning, business strategy, marketing, franchising, mentoring & coaching, etc. | i. |
| ii. |
| iii. |
| **Currently receiving regular advice and support from other sources**e.g. accountants, consultants, lawyers, etc. | [ ]  Yes, please specify:  | [ ]  No |
| **Expected outcome from the Program** | [ ]  Increase your revenue  | [ ]  Increase your profile amongst your target market and customers |
| [ ]  Increase international reach | [ ]  Improve your ability to access new markets |
| [ ]  Others, please specify:  |

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| **Financial Information** |
| **Year (Jan to Dec)** | Revenue ($) | Gross profit/loss ($) | Net profit/loss ($) |
| **2019** |  |  |  |
| **2020** |  |  |  |
| **2021** |  |  |  |

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| **DECLARATION** |
| I hereby declare that the information given in this form is true and accurate to the best of my knowledge and in case any of the above information is found to be false or inaccurate, the relevant authority has the right to disqualify my application form. I understand that there will be a one-time commitment fee subject to terms and conditions if my application is successful. |
| **Signature:** |  |
| **Full Name:** |  |
| **Designation/Position:** |  |
| **Email Address:** |  |
| **Contact No.:** |  |
| **Date:** |  |

• **ALL INFORMATION PROVIDED WILL BE HELD IN THE STRICTEST CONFIDENCE** •

Please e-mail the completed application form and supporting documents to**program.elevate@dare.gov.bn** no later than 11th February at 12.00PM.

**END OF APPLICATION FORM**