

SMALL BUSINESS BUREAU
MINISTRY OF BUSINESS



SMALL BUSINESS
BUREAU

REGISTRATION FORM

77 Croal Street & Winter Place, Georgetown, Guyana
Tel (592) 225-3276 ♦ (592) 227-1439

The Small Business Bureau is a semi-autonomous agency mandated to provide support services the small business sector in Guyana. You are considered a 'small business' if you satisfy two of the three criteria as follows:

1. **Have 25 or less employees**
2. **Earn 60 million or less in annual revenues**
3. **Have 20 million or less in business assets**

Kindly register if applicable. **REGISTRATION IS FREE.**

Section I - Details of the Applicant(s)

4. Name(s): 1..... Date:
2

Region:

5. Gender: Male Female

6. Date of Birth:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Home address:

8. Tel number(s):Fax number:

9. E-mail address:Website:

10. What is your highest level of education?

University Tertiary High School Primary School Nursery

11. National Identification Number (ID):

12. National Insurance Scheme Registration No. (NIS):

13. Guyana Revenue Authority Registration No. (T.I.N):

14. Type of business:

15. I request the following service(s) from the Small Business Bureau:

a) Market Facilitation b) Funding: Grant or Loan c) Training

Section II - Profile of the business

16. Complete name and acronym of your Business
.....

17. Business Address:

18. Year of establishment:

19. Ownership (sole trader, partnership etc.) Please state:

20. Deeds Registry Certificate Number No.

21. Number of business locations if applicable:

22. Number of employees: Male Female.....

23. Please tick problems experienced by your business, if any:

- | | |
|--|--|
| <input type="checkbox"/> Cash flow management | <input type="checkbox"/> Choosing what to sell |
| <input type="checkbox"/> Access to finance | <input type="checkbox"/> Lack of knowledge and skills to manage the business |
| <input type="checkbox"/> Marketing strategy | <input type="checkbox"/> Pest and Disease |
| <input type="checkbox"/> Getting clients/customers | <input type="checkbox"/> Other (please state):..... |
| <input type="checkbox"/> Hiring skilled labour | |

Section 111 - General financial information

24. Please state the total value of the business assets in GYD:

25. Please state your gross annual revenue in GYD:

Section IV- For Loan/ Grant Applicants

26. Amount Requesting: GYD:

27. Previous Loan with Financial Institution: No..... Yes..... If Yes, where:
.....

28. Outstanding balance:

29. Type of Collateral Available: Transport..... Title..... Lease..... Cash.....
Other (If other, please state.....

Section V – Market Access Information

30. Please state where you currently sell your products:

Domestic/local Caribbean International

Section VI - Trainee details-To be completed by Training Department.

31. Name and full contact details of person attending training (if different from applicants);

Name

Address.....

Tel No.....Email address.....

32. What is your gender? Male Female

33. What is your date of birth:

Day	Month	Year

34. What is your highest level of education?

University Tertiary High School Primary School Nursery

35. Do you have a disability? Yes No

If yes, please describe

36. Who is requesting this training? Self Other

37. What type(s) of training do you require? List required training in order of priority:

.....
.....

38. What skills do you hope to achieve from this/ these training (s)?

.....
.....

39. Would you be available to attend part time (some hours during the day) or full time (whole day) training? Part time Full time

40. Please indicate how many hours per day and how many days per week you will be available for training. hours per day & day (s) per week

Section VII – Recommendation to be completed by Training Department

Is training recommended as requested? If no, briefly state reason.

Yes No

After interviewing the applicant(s), in my opinion, the person(s) **IS/ARE / IS/ARE NOT** ready for the following training (please list recommended training if applicable) and state reason for decision.

.....
.....

Interviewing Officer:

Date:

I of agency whose I.D Number is hereby declare that all the information provided above is true and has been provided to the best of my ability.

Applicant (1) signature:

Date:

Applicant (2) signature:

Date:

ALL INFORMATION PROVIDED WILL BE TREATED WITH STRICT CONFIDENTIALITY UNDER THE LAWS OF GUYANA

.....**For Official Use**.....

Approved as: Please tick

Tier 1: All compliance documents must be attached
 ID TIN NIS Compliance Deeds Registry Tax Compliance Certificate
 Specific operating licence(s) E.g. Liquor, tobacco, forestry, EPA, import/export etc.

Tier 11: ID, TIN and Deeds Registry Certificate must be attached.
 ID NIS Card TIN Certificate Deeds Registry Certificate
 Specific operating licence(s) E.g. Liquor, tobacco, forestry, EPA, import/export etc.

Tier 111: ID and/or other documents to be attached
 ID NIS Card TIN Certificate Deeds Registry Certificate
 Specific operating licence(s) E.g. Liquor, tobacco, forestry, EPA, import/export etc.

Approved by:

Date.....

NB. Registration Form must be stamped by the Approving Officer prior to becoming an official record of the SBB