small business bureau registration form

77 Croal St. & Winter Place, Georgetown, Guyana

Tel (592) 225-3276 ◆ Fax (592) 227-1439

The Small Business Bureau is a semi-autonomous agency mandated to oversee development of the small business sector in Guyana. You are considered a ‘small business’ if you satisfy any two criteria as follows: have 25 or less employees, earn 60 million or less in annual revenues and have 20 million or less in fixed business assets. Kindly register if applicable.

**Section I-Details of the Business**

Region:

1. Complete name and acronym of your Business

……………………………………………………….…………………………………………….

1. Full address of Business: ………………………….………………………………………………
2. Tel number of the business: …………………………………………Fax number: ….…………..
3. E-mail address of the business: ……………………………..………..Website: …………………
4. Year of establishment: …………………………………….………………………………………
5. Type of business activity

 Retail  Manufacturing  Services  Other (Please Specify): .......................

1. Ownership (sole trader, partnership etc.) Please state: …………………………………………..
2. National Identification Number: ………………………………………………………………………….
3. Legal status and Deeds Registry Certificate Number No. (please copy and attach)

…………………………………………………………………………………………………….

1. National Insurance Scheme registration No: ……………………………………………………..
2. Guyana Revenue Authority registration No T.I.N (please copy and attach): ……………………
3. Number of business locations if applicable: ……………………………………………………..
4. Number of employees: Male …………………… Female…………………………….
5. Describe briefly, your Organisation’s main activity: …………………………………………….

……………………………………………………………………………………………………

1. Please tick problems experienced by your business, if any.

 Cash flow management

 Access to finance

 Marketing strategy

 Getting clients/customers

 Hiring skilled labour

 Choosing what to sell

  Lack of knowledge and skills to manage

 the business

  Other (please state)……………………

**Section II- Profile of the business owner(s)**

1. Please insert the name(s) of the business owner (s).

1……………………………………………………..

2 …………………………………………………….

1. Home Address: …………………………………………………………………………………..
2. What is your gender? Male  Female 

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |
|  |  |  |

1. What is your date of birth?

 1

 2

1. What is your highest level of education?

University  Tertiary  High School  Primary School  Nursery 

**Section 111- General financial information**

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

2. Please state your gross annual revenue in GYD: ……………………………………….

**Section IV- For Loan/ Grant Applicants**

1. Amount Requesting: GYD: ………………………………………………………………….

.

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

………..…………………………………………………………………………………………….

1. Status of Loan: Amortisation period: ……………………. Time remaining: ……………………..

Outstanding balance: ………………………………………

1. Type of Collateral Available: Transport…….; Title………….; Lease…... Cash…... other...……..

**Section V – Market Access Information**

1. Please state where you currently sell your products:

 Domestic  Caribbean  International

**Section VI- Trainee details. Please complete if training is required.**

1. Name and full contact details of person attending training;

Name ……………………………………………………………………………………..

Address……………………………………………………………………………………

Tel No……………………………………………………………………………………..

Email address……………………………………………………………………………..

1. What is your gender

 Male Female

|  |  |  |  |
| --- | --- | --- | --- |
|  | Day | Month | Year |
|  |  |  |  |
|  |  |  |  |

1. What is your date of birth:
2. What is your highest level of education?

 University Tertiary High School Primary School Nursery

1. Who is requesting this training?  Self  Boss  Other
2. What type(s) of training do you require?

|  |
| --- |
| * Basic Accounting
 |
| * Business Plan Writing
 |
| * Market Intelligence
 |
| * Customer Service
 |
| * Food Safety
 |
| * HAACP
 |
| * Leadership, Planning and Time Management
 |
| * Market Research
 |
| * Packaging and Labelling
 |
| * Record Keeping
 |
| * Shelf Life
 |
| * Taking Your Business to the Next Level
 |
| * Venture Out
 |
| * Vision to Venture
 |
| * Water Treatment and Basic Sanitation
* Other (Please specify) …………………
 |

1. What skills do you hope to achieve from this training?

………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………

1. Do you have a disability?  Yes  No

If yes, please describe …………………………………………………………………………..

1. List the order of training in terms of priority

I. ………………………………

II. ………………………………

III. ………………………………

IV. ………………………………

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

 Part time Full time

1. 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

*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’s Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’s Signature Date

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

**Section VII- Recommendation**

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: ………………………………………….

Approved as: Please tick

**Tier 1: All compliance documents must be attached**

 ID TIN NIS, 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 Compliance TIN Tax Compliance 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 TIN Tax Compliance 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**