

SMALL BUSINESS REGISTRATION FORM



MINISTRY
OF
TOURISM, INDUSTRY AND
COMMERCE



Promoting Entrepreneurship

SMALL BUSINESS
BUREAU

PLEASE VERIFY YOUR STATUS AS A SMALL BUSINESS BELOW PRIOR TO REGISTRATION

To qualify for registration as an Approved Small Business and be eligible for participation in the Small Business Procurement Programme, businesses must satisfy the requirements of a small business as set out in the Small Business Act of 2004 (Section 2.(1).a-f):

Section 2.(1).a-f of the Small Business Act of 2004 states: "small business" means any person or persons, including a body corporate or unincorporate, carrying on business in Guyana for gain or profit and satisfying the criteria listed hereunder, but does not include any business having as its principal object the furtherance of a charitable or political purpose -

- (a) is incorporated or registered under the Companies Act 1991 or the Business Names (Registration) Act; or
- (b) is a partnership under the Partnership Act; or
- (c) is owned by a person or persons trading not under the Companies Act nor in partnership;
- (d) is a registered cooperative society under the Co-operative Societies Act;
- (e) is owned and controlled by those persons who hold the majority shareholding or controlling interests in the business, and is not a subsidiary or affiliate of another company; and
- (f) satisfies all three(3) of the following conditions

- (i) employs not more than twenty- five persons;
- (ii) has gross annual revenues of not more than sixty million dollars;
- (iii) has total business assets of not more than twenty million dollars:

TO QUALIFY FOR REGISTRATION, YOUR BUSINESS MUST: BE REGISTERED UNDER THE COMPANIES ACT 1991, BUSINESS NAMES (REGISTRATION) ACT, PARTNERSHIP ACT, OR CO-OPERATIVE SOCIETIES ACT; NOT BE A SUBSIDIARY OR AFFILIATE OF ANOTHER COMPANY; AND MEET AT LEAST TWO OF THE CONDITIONS STATED IN SUB-SECTION F.

Please apply for registration only if qualified. First time registration is free.

Completed forms with supporting documentation should be e-mailed to sbbgyinfo@gmail.com, submitted to SBB Office, Regional Help Desks, and SBB Business Incubators in-person, or mailed to The CEO, Small Business Bureau, Ministry of Business, Lot 1, La Penitence, Georgetown. GUYANA.

An e-mail acknowledging receipt of the form and its details, with an application number, will be sent by SBB to the primary contact person identified on the form (Part 1 – A.4) for verification of accuracy of the supplied data. Once SBB completes internal verification of the supplied data with its sister GCRG agencies, an e-mail of the small business registration certificate with the registration number will be sent to the primary contact person identified on the form, or can be collected from SBB. For more information please e-mail sbbgyinfo@gmail.com or call +592 226-8120, +592 226-8123, or +592 226-8133.

The preference is to complete the form electronically using the free Adobe Reader. When using Adobe Reader required fields are highlighted in red, and help is available if the mouse pointer is placed over the field.

Small businesses must renew registration with SBB annually. Renewal forms are available at SBB Office, Regional Help Desks, SBB Business Incubators, or by e-mail request to sbbgyinfo@gmail.com.

INSTRUCTIONS FOR COMPLETING THE FORM

SBB MUST BE IMMEDIATELY INFORMED OF ANY CHANGES TO THE SUPPLIED DATA IN WRITING

All required data items have an * following the data item label, e.g. A.1 Business Name* indicates that all businesses must complete it. All other items should be filled in if possible.

Complete form in blue or black ink only.

Complete all items in BLOCK letters.

ATTACH COPIES OF ALL REQUIRED DOCUMENTS: Business Registration, TIN, NIS, GRA Compliance Letter, NIS Compliance Letter, Operational License(s)/Compliance Standard(s) Certificates, Owner TIN Certificate(s) and ID Card(s)

PART 1:

Section A captures basic business information

A.2 Trading Name - If different from commonly used name, enter the business name as on the Business Registration (Companies/Business Names/ Partnership/Co-operative).

A.3 Business Type* - Tick more than one box if necessary. Specify Other business type in the box provided next to Other check box.

A.4 Primary Contact Information* - How SBB contacts the business. SBB must be immediately informed in writing if changed.

A.4.c E-mail Address* - Primary contact e-mail address. All correspondence between SBB and business will use this address.

A.5 Secondary Contact Information - Alternative contact information if the primary contact is unreachable. SBB must be informed of any changes.

A.7 Trading Address - If different from Physical Address, enter the full Business Trading Address as on the Business Registration.

A.12 Primary Business Sector* - Name the specific business activities, e.g. Manufacture of musical instruments, or Processing and preserving of fruits and vegetables.

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INSTRUCTIONS FOR COMPLETING THE FORM (CONTINUED)

A.13 Industry Type(s)* - Select based on the main business activity(ies).

A.14 Business Outline (Describe specific business activities)* - Write a brief outline of exactly what the business does. For example, if it is in the sector "Processing and preserving of fruits and vegetables", describe which part(s) of the processing and/or preserving the business completes: "shelling peanuts" or "picking, peeling and cutting, and cooking fruit into jam".

Section B captures registration and compliance history data

Copies of Business Registration, TIN, and NIS (if local business) certificates must be attached to completed form.

B.4 Business TIN* - Enter business's registered TIN. All businesses must have a Tax Identification Number; local or foreign.

B.5 Business VAT No.* - Enter business's VAT registration number. Enter N/A if no Value Added Tax registration.

B.6 Business NIS No.* - Enter business's NIS registration number. All local businesses must have a National Insurance Scheme registration number. _

Section C captures business ownership information

Copies of each owner's ID card and TIN certificate must be attached to completed form. Enter primary owner information first. All owners must be listed. If insufficient space provided, attach list and documentation for remaining owners to completed form.

Section D captures core business activities, standards compliance, operational licensing, and dealership information

Copies of standards compliance and operational licensing documentation must be attached to completed form.

D.1-2 - Enter standards compliance/operational licensing only if the compliance/license is still valid.

D.3-4 - Only applicable if business is a registered dealer.

Section E captures required information to qualify as a small business as per the Small Business Act (2004)

Attach copies of GRA and NIS compliance letters to completed form.

E.3.a Gross Sales/Turnover for Previous Tax Year* - Enter the gross sales/turnover as the value of goods and services sold during the last tax year. The standard tax year in Guyana ends on December 31. If different, use your tax year for calculation.

E.3.b Gross Sales/Turnover Projection for Current Tax Year* - Enter the gross sales/turnover as the value of goods and services the business expects to make within the next tax year. The standard tax year in Guyana begins on January 1. If different, use your tax year for calculation.

E.4 Net Business Assets at End of Previous Tax Year* - Enter the total value of business assets as valued at the end of the previous tax year. The standard tax year in Guyana ends on December 31. If different, use your tax year for calculation.

Section F captures Small Business Bureau survey data

Section G captures business information and provides a legally binding business self-declaration which the business accepts by signing

G.1 Business Organization and Objectives*

G.2 Legally Binding Self-Declaration* to be signed by up to 2 business owners.

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FOR OFFICIAL USE ONLY				
	Small Business Registration	Approved	Declined	Reg. No.:

IMPORTANT: Fill form in BLOCK letters. Use blue or black ink only.

PART 1: BUSINESS REGISTRATION

A.1 Business Name*

A.2 Trading Name (If Different)

A.3 Business Registration Type*

- Business Names Registration
- Registered Company
- Partnership
- Cooperative
- Other

A. 4.a Primary Contact Name*

A. 4.b Phone Number*

A.4.c E-Mail Address*

A.5.a Secondary Contact Name

A. 5.b Phone Number

A.5.c E- Mail Address

A6a a Physical

Address* Line 1*:

Line 2*:

Line 3*:

A7a a Trading Address (If Different)

Line 1:

Line 2:

Line 3:

A6b Administrative Region*

A7b b Administrative Region

A. 8.a Mailing Address (If Different)

Line 1:

Line 2:

Line 3:

OR

PO Box #:

Post Office Location:

A.9 Business E-Mail Address

A.10 Business Website

A. 11 Business Phone Number

A. 12 Primary Business Sector*

A13 3 Industry Type(s)*

- Works
- Goods
- Consulting Services
- Other Services
- Other

A14 4 Business Outline (Describe specific business activities)*

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B. Attach copies of Business Registration, TIN, and NIS certificates to completed form.

B.1 Registration No.(s) & Date(s) (DD/MM/YYYY)* (Only fill those that apply)

Business Names Reg. No.	<input type="text"/>	Date	<input type="text"/>
Company Reg. No.	<input type="text"/>	Date	<input type="text"/>
Partnership Reg. No.	<input type="text"/>	Date	<input type="text"/>
Cooperative Reg. No.	<input type="text"/>	Date	<input type="text"/>
Other:	<input type="text"/>	No.	<input type="text"/>
		Date	<input type="text"/>

B.2 Business Registration Location*

Guyana
 Other

B.3 Date Business Commenced*

If Business has a separately registered TIN and/or NIS No., enter it below. If Business uses owner TIN and/or NIS No., enter the owner TIN and/or NIS No. below. If Business does not file VAT, enter N/A.

B4 TIN*	<input type="text"/>	Registered	Date	<input type="text"/>
B5 VAT No.*	<input type="text"/>	Registered	Date	<input type="text"/>
B6 NIS No.*	<input type="text"/>	Registered	Date	<input type="text"/>

B.7.a-d Compliance History: Enter the date (YYYY/MM) of the most recently filed return for all that apply.*

B.7.a PAYE*	<input type="text"/>	B.7.b Income Tax*	<input type="text"/>	B.7.c VAT*	<input type="text"/>	B.7.d NIS*	<input type="text"/>
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C. At least one owner is required. If insufficient space, attach a list of the remaining owners including full details required below. Attach copies of TIN certificates and ID cards to completed form.

C.1.a Owner (Full Name)*	<input type="text"/>	C.1. b Birthdate*	<input type="text"/>
C.1. c Marital Status*	<input type="text"/>	C.1. d Gender*	<input type="text" value="M / F"/>
C.1. e Different ly Abled*	<input type="text" value="Yes / No"/>	C.1. f Position Title*	<input type="text"/>
C.1. g TIN No.*	<input type="text"/>	C.1. h ID No.*	<input type="text"/>
C.1. i Highest Level of Education Completed*	<input type="radio"/> None <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Vocational Training <input type="radio"/> University		

C.2.a Owner (Full Name)	<input type="text"/>	C.2. b Birthdate	<input type="text"/>
C.2. c Marital Status	<input type="text"/>	C.2. d Gender	<input type="text" value="M / F"/>
C.2. e Differently Abled	<input type="text" value="Yes / No"/>	C.2. f Position Title	<input type="text"/>
C.2. g TIN No.	<input type="text"/>	C.2. h ID No.	<input type="text"/>
C.2. i Highest Level of Education Completed*	<input type="radio"/> None <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Vocational Training <input type="radio"/> University		

D. List any certified national or international standards compliances or operational licenses, and any dealerships held by the business. If insufficient space, attach a list of the remaining activities, compliances/licenses, and dealerships. Attach copies of compliance standards and operational licenses documentation to completed form.

D.1 Compliance Standard or Operational License

Name:	<input type="text"/>
No.:	<input type="text"/>
Expiration Date (DD/MM/YYYY):	<input type="text"/>
Details:	<input type="text"/>

D.2 Compliance Standard or Operational License

Name:	<input type="text"/>
No.:	<input type="text"/>
Expiration Date (DD/MM/YYYY):	<input type="text"/>
Details:	<input type="text"/>

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D. 3.a Authorized Dealership ID No.

D. 3.b Date Appointed (DD/MM/YYYY)

D. 3.c Contact Person (Full Name, Phone, E-Mail)

D. 3.d Dealership Type and Products Covered

D. 4 .a Authorized Dealership ID No.

D. 4 .b Date Appointed (DD/MM/YYYY)

D. 4 .c Contact Person (Full Name, Phone, E-Mail)

D. 4 .d Dealership Type and Products Covered

E. Attach copies of GRA and NIS compliance letters.

E1a .a Number of Full-Time Employees*

E2a .a Number of Part-Time Employees*

E1b Female*

E2b b Female*

E1c Youth (Under 18)*

E2c c Youth (Under 18)*

E1d Differetly Abled*

E2d d Differently Abled*

E3a a Gross Sales/Turnover for Previous Tax Year*

GY\$

E3b b Gross Sales/Turnover Projection for Current Tax Year*

GY\$

E. 4 Net Business Assets at End of Previous Tax Year*

GY\$

F. 1 Are you a current Small Business Bureau client? Yes / No

F. 2 Briefly describe your past interactions with the Small Business Bureau.

F. 3 Are you interested in the following service(s) from the Small Business Bureau?

Grant Funding Yes/ No Amount GY\$ Loan Funding Yes/ No Amount GY\$

Administrative Support Yes/ No Training Yes/ No Type Generic/ Technica l/ Uknown / Other ,specify:

F. 4 Indicate the challenges faced by your business.

- | | | |
|--|--|---|
| <input type="checkbox"/> Cash Flow Management | <input type="checkbox"/> Choosing What to Sell | <input type="checkbox"/> Pests and Disease |
| <input type="checkbox"/> Access to Finance | <input type="checkbox"/> Attracting Clients/Customers | <input type="checkbox"/> Tax/Regulation Compliance |
| <input type="checkbox"/> Marketing Strategy | <input type="checkbox"/> Business Management Knowledge | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Hiring Skilled Labour | <input type="checkbox"/> Business Management Skills | |

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G.1 Business Organization and Objectives* (check yes or no)

G1a Is the business owned and controlled by those persons who hold the majority shareholding or controlling interests in the business?

Yes No

G1b Is the business a subsidiary or affiliate of another company?

G1c Does the business have as its principle object the furtherance of a charitable or political purpose?

G.2 Legally Binding Self-Declaration * (to be signed by at least one owner)

We the undersigned declare that the details provided in this form as supplier owners, are correct to the best of our knowledge, and that, in the event of changes, details will be provided immediately to the Small Business Bureau. In the case that any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it. We hereby authorize sharing of the information furnished on this form with all bodies of the Government of the Cooperative Republic of Guyana. **UNSIGNED FORMS WILL NOT BE PROCESSED BY SBB.**

Applicant (Primary):

Position:

Signature:

Date:

Applicant (Secondary):

Position:

Signature:

Date:

FOR OFFICIAL USE ONLY

Interviewed By:

Date:

Notes:

Verified By:

Signature:

Date:

Notes:

Attached Documents:

- | | |
|--|--|
| <input type="checkbox"/> TIN Certificate | <input type="checkbox"/> Business Registration |
| <input type="checkbox"/> GRA Compliance Letter | <input type="checkbox"/> Owner TIN Certificate(s) |
| <input type="checkbox"/> NIS Card | <input type="checkbox"/> Owner ID Card(s) |
| <input type="checkbox"/> NIS Compliance Letter | <input type="checkbox"/> Operational License(s)/Compliance Standard(s) |

Approved Declined

Notes:

CEO - Small Business Bureau

Date (DD/MM/YYYY)

NB: Registration Forms must be stamped and signed by the Approving Officer prior to becoming an official record of the SBB.