

GAP Form 001: APPLICATION FORM

1. Applicant's Name: _____
2. Company Name/Proposed Company Name: _____
3. Home Address: _____

4. Business Address: _____

Phone no: _____ Fax: _____
Email: _____ Website: _____
4.1. Nationality: () Filipino () Foreigner, pls specify _____
5. Type of Business:
() Food Processing () Agricultural/Production
6. Area of Business, specify _____
7. How long have you been in business?
() Conceptual Stage () Less than a year
() Less than 2 years () More than 2 years
8. Legal entity (proposed):
() Proprietorship () Partnership
Other, (specify) _____
9. Minimum services expected from CLSU-AFTBI
() Telephone/Fax/Secretarial () Business Consulting Service
() Shared Laboratories Access () Conference/Seminar Room
() Web Access () Quality Control of Products
() Legal () Creating Linkage
() Branding and Marketing () Advisory Services
() Accountancy Services () Product development
10. Business Registration Number: _____
Agency: _____

Effectivity: _____

None yet, but will apply on: _____

11. Did you establish a company? () Yes () No

Date of Incorporation: _____

Names of Partners/Shareholders:

a. _____

b. _____

c. _____

d. _____

12. Promoter / Team Details: List the name(s) of the principal(s)/ co-promoters/ employees (Individual resumes of each member may also be attached.)

Name and Title : _____

Educational Qualification: _____

No. of Years of Experience: _____

Address: _____

Phone: _____

13. Attach your business plan if you have any.

Thank you for your interest in the CLSU-Agriculture and Food Technology Business Incubator. Your application will be evaluated by the CLSU-AFTBI Screening Committee. Please wait for the result of the evaluation and the schedule of your interview by phone.

THE CLSU-AFTBI MANAGEMENT