

APPLICATION FORM
POST-INCUBATEE

BSU ATBI/IC
Form A-3
Reg. No. _____

Name of Applicant: _____

Date of Application: _____

A. General Description of Business:			
Key Personnel in the Business: Name/Position: _____ Name/Position: _____ Name/Position: _____		Type of Business: <input type="checkbox"/> Farming <input type="checkbox"/> Food Processing <input type="checkbox"/> Marketing <input type="checkbox"/> Allied Field: Please specify _____	
Knowledge/technologies to be utilized/commercialized: <i>(Please specify and describe)</i>		Source/Generator of knowledge/technology: <i>(Please specify)</i>	
Incubator facilities needed. <i>(Please specify)</i>		Incubator business development services needed. <i>(Please specify)</i>	
Major raw materials needed. <i>(Please specify)</i>		Source of major raw materials. <i>(Please specify)</i>	
Potential economic benefit to the community. <i>(Please specify)</i>			
B. Readiness to EXPAND the business:			
How much are your Assets (excluding land)? <input type="checkbox"/> ₱3M and below with less than 9 employees (MICRO) <input type="checkbox"/> ₱3M to ₱15M (SMALL)		Business Plan attached to this application <input type="checkbox"/> YES <input type="checkbox"/> NO	
Existing Markets:		Existing Networks:	
C. Proof of capacity to EXPAND the business. Kindly submit any or all of the following:			
Income Tax Returns for past 1-3 years <input type="checkbox"/> YES <input type="checkbox"/> NO	Bank Certification/Certificate of credit performance <input type="checkbox"/> YES <input type="checkbox"/> NO	OTOP Seal of Excellence <input type="checkbox"/> YES <input type="checkbox"/> NO	Certificates of Participation to Trainings/Seminars/Contests <input type="checkbox"/> YES <input type="checkbox"/> NO
Certificates of Award in cash or in kind <input type="checkbox"/> YES <input type="checkbox"/> NO	DTI Business Name Registration <input type="checkbox"/> YES <input type="checkbox"/> NO	SEC Registration <input type="checkbox"/> YES <input type="checkbox"/> NO	Business License <input type="checkbox"/> YES <input type="checkbox"/> NO
D. Personal References			
Name: _____ Address: _____ Position: _____		Name: _____ Address: _____ Position: _____	

I hereby affix my signature to this document and affirm its truthfulness.

NAME AND SIGNATURE OF APPLICANT: _____

Contact Number: _____

Management Action: <input type="checkbox"/> Accepted as POST-INCUBATEE. To start on _____ until _____. <input type="checkbox"/> Not Accepted	
Recommended by:	Approved by: RUTH C. DIEGO Director

