

**CONTACT FORM**

**Full Name: ………………………………………………………………………**

**Business Name: ……………………………………………………………….**

**Telephone: ……………………………………..**

**Date: ………………………………..**

**City: ………………………………….**

**Province: ……………………………….**

**Code: ………………………**

1. **What type of business do you have?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Service** |  | **Light Mfg.** |  | **Retail** |  | **High** |

|  |  |
| --- | --- |
| **Other Type** |  |

1. **Describe your target market and is there an International market?**

|  |
| --- |
|  |
|  |

1. **How many years have you been in business?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Less than 1 year** |  | **Less than 5 years** |  | **More than 5 years** |

1. **Have you obtained a business licence?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** |

1. **Is your business a:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Sole Proprietorship** |  | **Partner** |  | **Corporation** |

1. **What is your annual gross revenue?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **R5,000 - R25,000** |  | **R25,001 – R50,000** |  | **R50,000 or above** |

1. **Where is your business presently located and how are you currently operating?**

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| --- |
|  |
|  |

1. **Approximately how much space would you need (space square footage)?**

|  |
| --- |
|  |

1. **Why do you want to move your business to the Incubator?**

|  |
| --- |
|  |
|  |

1. **Do you have a business plan?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** |