







Mic	ro-Enterprise	Startup S	upport Initi	ative (MI	ESSI	)
S	tarter Kit App	lication Fo	rm, Phase	II, Volur	ne I	
1. Name of Applicant				2.Date of Application	on	
3. Are you a migrant	returnee	Yes No	If yes, wher			nd from where?
4.Date of Birth	5. ID Number	110	1			6. Gender Male Female
7. What is your current address? (town/village; district, region)					Т	el. number/email if any
8. Are you applying as a group or individual	Individual Group	If group, how many members? Provide list of members with age, gender and phone number. Attach copy of ID card of all listed members.				
9. State your current occupation 10. Do you currently own a business?	Yes No	If yes, what type of business and where is it physically located? For instance, if it is in GBA, state where in GBA? GBA LRR URR				
11. Number of	Full time		Is the busine	ess register		
employees in the business if any	Part time		Yes	C		
12.Name of financial service provider or bank (if any)			11. Account	Туре	Curre	
13. In a few words, to poultry).	ell us about your	business idea	a in one of the	value chai	ins (fis	shery, horticulture, or









14. List not more than three business objectives you have for the next 3 years				
15. Describe the products or services you plan to provide				
16. What makes your business different? Why is your product or service unique compared to others?				
17. Have you or any member of your group received a mini-grant before for business support? Yes. No.				
If yes, from where or which project?				
If yes, from where of which project?				
When and how much?				









## 18. Why do you need the MESSI starter kit grant? 19. What type of equipment (Kits) would you need to start your business? Please indicate by filling the table below and identify those prioritised for project support (please note that this is just an indicative list; we may not be able to provide the exact items or the quantity you request) Unit Cost Total cost Select priority for Quantity Description needed MESSI support (GMD) (GMD)

20. Owners Contribution (please note that the project may not provide grant for operating expenses). How will you finance other business costs?









- 21. Documentation to be attached with this application
  - Photocopy of valid national identification (ID card, )
  - Proof of training in the relevant agricultural skills training)

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- Guarantor's pledge and photocopy of ID card
- Statement of Accounts (if any)
- Business Registration (if any)

## 22. Declarations

## a. Applicant

I/we declare that to the best of my/our knowledge, all information provided in this application is correct and complete. I/we am/are aware that any false information may lead to my/our application being rejected.

## **b.** Guarantor

I confirm that the information contained in the application and the accompanying documents are correct and complete. As the Guarantor to this applicant, I understand that if the grant is not used for the purpose for which it was approved, I will be responsible for refunding the full amount to NACCUG

Guarantor's name, address and telephone number

Applicant Signature	Guarantor's Signature				
Date	Date				