

ANTIGUA AND BARBUDA INVESTMENT AUTHORITY
ENTERPRISE DEVELOPMENT BUSINESS INFORMATION FORM

GENERAL INFORMATION

Business Name: _____

Type of Business: _____

Brief Description of Business:

Approved Small Business? *Yes* *Date of Approval* ____/____/____
 No

Registered Business? *Yes* *Date of Registration* ____/____/____
 No

Legal Form of Operation

Sole Proprietorship *Corporation*
 Partnership *Other* _____

Name of Owner/ Manager: _____

Owner/ Manager Employed Elsewhere?

Yes _____ *No*

CONTACT DETAILS

Business

Owner/ Manager

Address:

Address:

Tel:

Tel:

Fax:

Fax:

E-Mail:

E-Mail:

Web:

Web:

MANAGEMENT PROFILE

Name

Job Title

Professional Designation/ Training

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMPANY DETAILS

Type of Operational Space:

Residential

Commercial

Other: _____

Space currently occupied:

Owned

Rented

Leased

Other: _____

Size of Building/ Operational Space: _____ sq. ft.

Acreage Used: _____ Acres

General Description of Production Process:

Monthly production figures:

In Units _____

In passengers (if applicable) _____

In cost _____

Number of Employees:

Existing: _____

Proposed: _____

List of personnel required for daily business operations

Job Title (Skilled Workers)

No. Required

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Job Title (Unskilled Workers)

No. Required

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Monthly Salary Levels

Skilled Workers

Required

Unskilled Workers

Required

Under \$1,000

Under \$1,000

\$1,001 - \$2,000

\$1,001 - \$2,000

\$2,001 - \$3,000

\$2,001 - \$3,000

\$3,001 - \$4,000

\$3,001 - \$4,000

\$4,001 - \$5,000

\$4,001 - \$5,000

Over \$5,000

Over \$5,000

Asset List

Equipment

Furniture

Raw Materials/ Inventory

Other Assets

Proposed Purchases of Equipment (if any)

Type

Amount

Cost

FINANCIALS

Capital Investment:

Startup \$ _____

Existing \$ _____

Projected \$ _____

How are business operations financed?

Personal Funds

Financial Institution

Other

Average Earnings per Month:

Last Year \$ _____

Current year \$ _____

Projected Year \$ _____

Monthly Income

Sales \$ _____

\$ _____

TOTAL \$ _____

Monthly Expenses

Water \$ _____

Telephone \$ _____

Electricity \$ _____

Rent \$ _____

Loan \$ _____

Salaries \$ _____

Internet \$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Bank or Financial Institution

Name: _____

Address: _____

Tel: _____

How many years have you been with your bank/ financial institution? _____

How has the institution assisted you?

Loan Overdraft Other: _____

Please provide details:

Please indicate your plans for the business in the:

a. Short-term

b. Medium-term

MARKETS

List of Customers

1 _____
2 _____
3 _____
4 _____
5 _____

6 _____
7 _____
8 _____
9 _____
10 _____

What type of marketing does the company engage in?

- Advertisement Promotions
 Free give-aways Entertainment
 Other: _____

How much per month is spent on Marketing?

- Under \$ 500 \$3,001 - \$5,000
 \$500 - \$1,000 \$5,001 - \$7,000
 \$1,001 - \$3,000 Over \$7,000

Method of Advertising

- Verbal Print Media (Please specify)
 Radio o Flyer
 Television o Newspaper
 Other: _____ o Magazine

Mode of Delivery (how you deliver product to customer)

- Vehicle Internet
 Telephone Collection by Customer
 Other: _____

ASSISTANCE REQUIRED

Please state the assistance required from the ABIA

Are you prepared to work with any other business advisory and support agency and to pay the related fees for services being requested?

Yes

No

By signing in the space provided below you confirm that the above information is true and correct

Business Owner

For ABIA