

RULES OF THE COMPETITION

1. Businesses that are eligible to apply are Swazi owned micro, small and medium enterprises (SME) as defined on the application form
2. Applicants should submit original copies of applications either hand written or typed on or before the closing date at any of the centre where the application form was completed
3. A quorum of at least 5 judges will review the applications.
4. Judges shall conduct on site visits to verify submitted information where necessary and after short-listing the potential winners.
5. Applicants should not submit false information on the forms or they will be immediately disqualified.
6. Applicants will be requested to submit supporting documentation on request. Failure to submit any supporting documentation requested by the judges will lead to disqualification.
7. Please attach a certified copy of your trading license.
8. Judges, sponsors, members of all the management committee, staff of SEDCO and their immediate families shall not enter the competition.
9. Application forms will be available from all SEDCO offices, Swazi Commercial Amadoda, FSE/CC, FESBC and other distributors around the country.
10. The closing date for application will be 16h30 on Friday 18 September 2015.
(or such later date as may be advised by the secretariat).
11. Applications received after this date will not be considered.
12. Previous entrants can enter only if the business has improved.
13. The judges' decision is final.

Application Form



Entrepreneur of the year *Awards*

....nurturing future growth....

	Micro	Small	Medium
Assets	Under E50,000	E50,001 to E 2 Million	E 2 million to E 5 Million
Employees	1 to 3 people	4 to 10 People	11 to 50 People
Turnover	Up to E60,000	Up to 3 Million	Up to 8 Million

Please tick one below and fill in the relevant section if your business is defined by at least two of the above.

- Manufacturing
- Retail and Services
- Agro-business

COMPLETE IN BLOCK LETTERS

*Mark (N/A) where the question is not applicable or irrelevant to your business.

1.0 Name of applicant.....

1.1 Gender.....

1.2 Age.....

2.0 Name of business.....

2.1 Date of Establishment.....

2.2 Postal Address of business.....

2.3 Physical location of business.....

.....

2.4 Telephone number.....

2.5 Cellphone Number.....

3.0 Please provide the following

i) Trading license identity no.....

ii) Grant.....

iii) Date of issue.....

SECTION 1

Total staff members.....

SECTION 2

Please provide the following financial information

Total Income (as per last financial statement)

E.....

STREET VENDOR ONLY

Total Income per month E.....

Total Expenses per month E.....

Total Savings per month E.....

By signature hereof, the applicant confirms that the information supplied is true and correct and that he/she has read and understood the rules of the competition.

Name.....

Surname.....

Signature.....

Designation.....

Date.....