

BUSINESS IGNITION CHALLENGE APPLICATION FORM

DEMOGRAPHICS

Name and Surname : _____
Email Address : _____ Gender : Male Female
Cell Phone Number : _____ Age :

COMPANY/BUSINESS INFORMATION

Annual Turnover : _____
2023/24
Years in operation : _____
Business Banking : _____
Institution

CATEGORY

- Entrepreneurship Desk
 Youth-owned business
 Township based business

PRODUCT / SERVICE OFFERING

What are your current challenges and pain points?

I certify that all answers given herein are true and complete to the best of my knowledge. Should I be shortlisted, I commit to attend to all interventions that will be provided for the growth and sustainability of my business.

DATE : _____ signature : _____

SUBMIT APPLICATION FORMS TO:
SMME@NMBBUSINESSCHAMBER.CO.ZA