*BDSPN is a network Organization of professional Business Development Service providers for enterprise creation, growth and development. This is an application form for intending individual members*

**Personal Information**

1. Name:
2. Sex:
3. Date of birth:
4. Marital status:
5. Phone Number:

Mobile number:

1. E-mail(s):
2. District where you are mainly based:
3. Highest education level: (Tick as appropriate)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PHD \_\_\_\_ | Masters \_\_ | Bachelors  |  Diploma \_\_\_\_ | Other \_\_\_\_ |

1. Main area of specialization:

***Attach your CV***

**Professional Information**

1. Do you own a business? Yes/No:
2. Name of the business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIN \_\_\_\_\_\_\_
3. Industry sector: (Tick as appropriate)
	1. Manufacturing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ g. Construction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Wholesale trade \_\_\_\_\_\_\_\_\_\_\_\_\_\_ h. Retail distribution \_\_\_\_\_\_\_\_\_\_\_
	3. Transport, Communication \_\_\_\_\_\_ i. Agriculture
	4. Producer services (financial intermediation, real estate, renting and business activities) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Personal services (hotels and restaurants, health and social work, other services) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Specific Products/Services you offer:
5. Location of business District/County/Sub county/Parish/Village \_\_\_\_\_\_\_\_\_\_\_\_

**BDS Providers Network Membership Information**

1. Year of SIYB TOT : ……..Year of Get Ahead TOT: ………..
2. Year of SIYB TOMT : ……… Year of Get Ahead TOMT:
3. Bank details (to be used if BDS Providers network is to transfer funds to you after you have supplied goods and services to BDSPN )

Banker : Account Number:

1. Other training packages you can provide or relevant skills you have?
2. What do you expect to benefit as a member of BDS Providers Network?

1. What can you offer for the growth, development and sustainability of BDS Providers Network?

***Note: On payment and submission of this form, membership card, Membership Certificate and formal admission letter will be processed and issued at a later date.***

***For official purpose only***

Application form has been received on behalf of BDSPN by (Name, Title, Signature and Stamp)