



EAGLES NEST

YOUTH EXPORT INCUBATOR

APPLICATION FORM

PERSONAL DETAILS

FIRST NAME:

SURNAME:

ADDRESS:

DATE OF BIRTH:

Day Month Year

AGE:

PHONE:

EMAIL:

BUSINESS DETAILS

BUSINESS NAME:

BUSINESS ADDRESS:

BUSINESS PHONE:

EMAIL:

WEBSITE:

SECTOR

PRODUCTS/SERVICES

Agriculture

Manufacturing

Transport/
Logistics

Engineering/
Technology

Trade &
Commerce

Tourism

OTHER:

DESCRIBE UNIQUE SELLING PROPOSITION.

DO YOU HAVE A FIVE-YEAR STRATEGIC PLAN FOR YOUR BUSINESS?

Yes

No

DESCRIBE YOUR IDEAL/TARGET CUSTOMER.

DESCRIBE THE YOUR BUSINESS' CURRENT/POTENTIAL SOCIAL IMPACT?

MOTIVATION

WHY SHOULD YOUR BUSINESS SHOULD BE CHOSEN TO PARTICIPATE IN THE YOUTH INCUBATION PROGRAMME?

WHAT WOULD YOU LIKE TO ACHIEVE BY PARTICIPATING IN THE PROGRAMME?

DESCRIBE WHICH INNOVATION/IMPROVEMENT/CHANGE YOU WANT TO ACHIEVE IN ORDER TO GET YOUR PRODUCT/SERVICE INTO THE EXPORT MARKET/EXPORT READY?

I agree to the Terms and Conditions of the programme as outline in the Concept Note and declare the information herein to be factual and correct.

SIGNATURE

DATE:

Day Month Year