



**MINISTRY OF TRADE AND INDUSTRY**  
**SME Certification Intake Form**

Please fill this form in to apply for the SME Certificate issued to qualifying Small and Micro Enterprises.

**A: Basic business and financial information**

Registered Business Name:				Registration Number:			
Physical Address:							
Postal Address:				City:		Region:	
Location Status: (tick one)		Rural area	<input type="checkbox"/>	Urban area	<input type="checkbox"/>	Industrial Park	<input type="checkbox"/>
		SME module	<input type="checkbox"/>	EPZ	<input type="checkbox"/>		
Telephone:		Fax:		Email:		Contact Person:	
Legal Status: (tick one)		Closed Corporation	<input type="checkbox"/>	Sole Proprietary	<input type="checkbox"/>	Pty (Ltd)	<input type="checkbox"/>
		Public Ltd	<input type="checkbox"/>				
Incorporated Company (Inc)		<input type="checkbox"/>	Section 21 Company (NGO)	<input type="checkbox"/>	Other: (specify)		
Date Established:				Vat Registration Number:			
Capital employed: N\$				Last year's turnover: N\$			
Projected turnover: N\$		Annual expenditure: N\$			Production Capacity pm N\$		

**B: Ownership information**

Salutation:		Name(s):			Surname:			Percentage owned:	
Namibian ID #:			Passport #:			Citizenship:			
Gender: Male / Female		Postal Address (full):							
Telephone:			Fax:			Bankers:			
Qualification: (tick one)		Unskilled	<input type="checkbox"/>	Grade10	<input type="checkbox"/>	Matric	<input type="checkbox"/>	Diploma	<input type="checkbox"/>
		Degree	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Prof	<input type="checkbox"/>		
Salutation:		Name(s):			Surname:			Percentage owned:	
Namibian ID #:			Passport #:			Citizenship:			
Gender: Male / Female		Postal Address (full):							
Telephone:			Fax:			Bankers:			
Qualification: (tick one)		Unskilled	<input type="checkbox"/>	Grade10	<input type="checkbox"/>	Matric	<input type="checkbox"/>	Diploma	<input type="checkbox"/>
		Degree	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Prof	<input type="checkbox"/>		
Salutation:		Name(s):			Surname:			Percentage owned:	
Namibian ID #:			Passport #:			Citizenship:			
Gender: Male / Female		Postal Address (full):							
Telephone:			Fax:			Bankers:			
Qualification: (tick one)		Unskilled	<input type="checkbox"/>	Grade10	<input type="checkbox"/>	Matric	<input type="checkbox"/>	Diploma	<input type="checkbox"/>
		Degree	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Prof	<input type="checkbox"/>		
Salutation:		Name(s):			Surname:			Percentage owned:	
Namibian ID #:			Passport #:			Citizenship:			
Gender: Male / Female		Postal Address (full):							
Telephone:			Fax:			Bankers:			
Qualification: (tick one)		Unskilled	<input type="checkbox"/>	Grade10	<input type="checkbox"/>	Matric	<input type="checkbox"/>	Diploma	<input type="checkbox"/>
		Degree	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Prof	<input type="checkbox"/>		

If there are more owners, then please attach their details, as specified, to the back of this form. Thank you.

**General operations and employment information**

In which Business Sector do you operate? Tick only one box please.

If you operate in the Primary Sector, tick the relevant industry below:																
Mining	Coal	<input type="checkbox"/>	Diamond	<input type="checkbox"/>	Gold	<input type="checkbox"/>	Iron	<input type="checkbox"/>	Lead	<input type="checkbox"/>	Silver	<input type="checkbox"/>	Tin	<input type="checkbox"/>	Tourmaline	<input type="checkbox"/>
	Uranium	<input type="checkbox"/>	Other Precious Stones (specify):													
Agriculture	Crops	<input type="checkbox"/>	Livestock	<input type="checkbox"/>	Grapes	<input type="checkbox"/>										
Fishing	Sea fishing	<input type="checkbox"/>	Fish farming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Other	Please Specify:															
Or If you operate in the Secondary Sector, tick the relevant industry below:																
Manufacturing	Automotive	<input type="checkbox"/>	Arms & Ammunition	<input type="checkbox"/>	Beverages & Alcohol	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Food	<input type="checkbox"/>						
	Electrical	<input type="checkbox"/>	Furniture	<input type="checkbox"/>	Mineral water	<input type="checkbox"/>	Clothing	<input type="checkbox"/>	Leather Works	<input type="checkbox"/>	Shoes	<input type="checkbox"/>	<input type="checkbox"/>			
	Machinery	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Soaps & Cosmetics	<input type="checkbox"/>										
Construction	Houses & Repairs	<input type="checkbox"/>	Bridges	<input type="checkbox"/>	Large Structures	<input type="checkbox"/>	Roads	<input type="checkbox"/>								
Woodwork	Furniture	<input type="checkbox"/>	Wood Sculptures	<input type="checkbox"/>	Artistic Works	<input type="checkbox"/>										
Other	Please Specify:															
Or If you operate in the Tertiary Sector, tick the relevant industry below:																
Tourism	Accommodation	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Cruises	<input type="checkbox"/>	Eco	<input type="checkbox"/>	Flying Safaris	<input type="checkbox"/>				
	Hiking	<input type="checkbox"/>	Hunting	<input type="checkbox"/>	Road Safaris	<input type="checkbox"/>	Transport	<input type="checkbox"/>	Catering	<input type="checkbox"/>						
Retail	Food & Beverages	<input type="checkbox"/>	Clothing	<input type="checkbox"/>	Soaps & Cosmetics	<input type="checkbox"/>	Shoes	<input type="checkbox"/>	Car Parts	<input type="checkbox"/>						
	Meat & Animal Products	<input type="checkbox"/>	electronic Products	<input type="checkbox"/>	Pharmaceuticals	<input type="checkbox"/>										
Health	Medical Consulting & Treatment			<input type="checkbox"/>	Medical Transport & evacuation			<input type="checkbox"/>	Electrical & Electronics			<input type="checkbox"/>				
Transport	Passenger Transport		<input type="checkbox"/>	Goods Transport		<input type="checkbox"/>										
Food & Beverage	Specify:															
Education	Primary	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Tertiary	<input type="checkbox"/>	Learning Assistance	<input type="checkbox"/>	Library	<input type="checkbox"/>						
Financial	Accounting & Bookkeeping			<input type="checkbox"/>	Micro Loans	<input type="checkbox"/>	Specify:									
Other	Please Specify:															
Main Products & Services:																
Other Products & Services:																
Were you awarded a tender last year? YES <input type="checkbox"/> NO <input type="checkbox"/>																
Number of Employees who are: Male:			Female:		Skilled:		Unskilled:		Namibian:		Foreign:					
Employment created in: 1990:			2002:		2003:		2004:		2005:		2006:		2007:			
2008:		2009:		2010:		2011:		2012:		2013:		2014:		2015:		
List training required by your company:																
List technology required:																
Other relevant information:																
Is the information supplied true and correct to the best of your knowledge?										<b>For office use only</b> <b>Certificate Valid From</b>						
Signature _____ Name _____ Date _____																

**Please attach Copies of the following Documents: (1) Copy of Registration Certificate and (2), Social Security Commission Good Standing Certificate not older than 3 months, (3) VAT Good Standing Certificate not older than 3 months and (4) Certified Copies of IDs of all members/owners of the Company**