

<b>PROFILE OF PROSPECTIVE TENANTS FOR GICEL FACILITY</b>										
<b><u>Personal Details</u></b>		Name and postal address								
		Residential address				Contact Tel: Email:				
<b><u>Business Details</u></b>		Name of Business			Type of Business ( please tick)			Office Use only		
		Position in business please specify			Manufacturing Processing Service                      Other					
		Please indicate briefly what your business does			Why do you want to come to Gicel.  Please under line.		To expand Business			
							I am being evicted			
							To satisfy Govt. regulatory Agency			
							To start a new Business			
		If you are already in business for how many years have you been in this Business.			For over 4 yrs					
					Between 1 and 3 yrs					
					Less than 1 yr					
		How do you market your products and or services.  Do you retail Yes / No If not please tick as indicated			Client order or export					
					Whole sale					
		Does your company have any of the following certificates  Please underline			If your product or service has a label please attach a copy					
					Registrar Generals certificate					
					Food and Drugs Board					
					Standards Board					
					Tax Certificate/SSNIT returns					
<b><u>Reference</u></b>		Could you give us the name of any of your customers/supplier			Name of customer/supplier					
					Who are your bankers					
					Please give the name and phone number of a reference					
<b>Profile of Businesses continued...</b>										
<b>Equipment</b>		Do you use any equipment.			Description					
		Please give a brief description of the types of equipment you use								

Utility Requirements	How many phases of electric power would you need	<b><u>Please circle</u></b> Single phase , 2 phase, 3 phase			
	Do you need water to operate your business Yes / No	Do you have any special needs for waste collection	<b><u>Please specify</u></b>		
Spatial requirements	How much space do you need now, or how many units or type of facility do you require.				
	Have you ever applied for a GICEL Facility. YES/NO . When was this Do you currently have facilities at GICEL .YES/NO . Please specify				
Commencement Date	If given the facility when will you begin to use the facility. <b><u>Please underline</u></b>	After 4 weeks			
		Less than 4 weeks			
<b><u>If you provide a service or trade in a product, Please indicate what type of service or product. Eg. Consultancy, Waste management, Barber or provisions, building materials etc..Kindly attach a copy of your Business Plan if any.</u></b>			<i>Office use only</i>		
<b><u>Please indicate in this section how you think being at GICEL will improve your business or any elements not captured above.</u></b>					
Signature of applicant		Date		<b><i>approved</i></b>	<b><i>Facility</i></b>