**START AND IMPROVE YOUR BUSINESS ASSOCIATION OF SRI LANKA**

**APPLICATION FOR POTENTIAL PARTNER ORGANIZATION**

**FOR ENROLLING AS A PARTNER ORGANIZATION OF THE START AND IMPROVE YOUR BUSINESS (SIYB) PROGRAM IN SRI LANKA**

**Background Information**

1. Name of the Organization

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1. Type of Organization (Government/NGO/Private)

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3. Physical Address

|  |  |
| --- | --- |
| a. Head/Country Office | b. Regional/Branch/District offices |
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1. Geographical area of operation

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1. Contact Details

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| --- | --- |
| Fixed Line |  |
| Mobile |  |
| E-mail |  |
| WhatsApp |  |

1. Date/Year established

|  |  |  |
| --- | --- | --- |
| Year: | Month: | Date: |

1. Name of the Managing Director/Chief Executive Officer/Country Director/Country Coordinator/Program Director

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| --- | --- |
| Name | Position/Designation |
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1. Name and Designation of the Contact Person (if different from the above officer)

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| --- | --- |
| Name | Designation |
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**Focus on BDS**

1. What is the mission of the organization? (Attach a copy of the mission statement if available)

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1. What is the target group of your BDS provision (specify the target group characteristics)?

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1. BDS portfolio

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| **Type of BDS** | **Put ‘X’** | **Notes (if preferred)** |
| Management training |  |  |
| Vocational training |  |  |
| Technology knowledge transfer |  |  |
| Business technology services (installation, maintenance, repairing) |  |  |
| Research in BDS provision |  |  |
| Business information services |  |  |
| Consultancy/advisory services |  |  |
| Marketing assistance |  |  |
| Digital technology support services |  |  |
| Equity/Investment mobilization support |  |  |
| Business acquisition/re-structuring support |  |  |
| Business legal support services |  |  |
| Any Other (Please mention it) |  |  |

1. If your organization does not provide BDS services currently, do you have any plans to do so in the near future? Yes/No?

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| --- | --- | --- | --- |
| Yes |  | No |  |

1. Why did you decide to apply for SIYB collaboration? How does it fit your mandate? What kind of support do you expect from the SIYB Association?

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1. How can you integrate SIYB into your existing product/service portfolio or ongoing programs?

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1. How do you intend to market SIYB? How do you intend to incorporate SIYB into existing activities? Give a brief account of your thoughts.

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1. Any other special reason to be considered in the capacity assessment of the applicant:

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I hereby certify that the details furnished in the application are true and correct to the best of my knowledge and ability. Further, I hereby give our consent to consider our organization for a partnership with the SIYB Association of Sri Lanka.

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| **Name of the Office submitting the application** | **Signature** | **Date** |
|  |  |  |