

# EXPORT READINESS TRAINING FORM

## 7 – 8 June 2022

<b>BASIC BUSINESS INFORMATION</b>							
(Tick where appropriate)							
Business Name:							
Location:							
Ownership:		Youth owned				Women owned	
Size of Business:		Micro		Small			Medium
Employment Levels:		Permanent				Seasonal	
Annual Turnover: (2020 and 2021)		2020:			2021		
List type of goods produced or services rendered							
<b>INFORMATION OF APPLICANT WHO WILL ATTEND TRAINING</b>							
Name							
Gender: Male		Female		Age:18-34		35-50	51 - Above
Position:							
Contact: Cell:				Tel:		Fax:	
Email:							
<b>YOUR KEY INTERESTS TO ATTEND TRAINING</b>							
Tick Any	1. I produce high quality goods for domestic market and want to venture into export business						
	2. I am an existing exporter eager to deepen my understanding of export business						
	3. I want to start a business which will eventually venture into export business						
	4. Specify Any Other						

Signature.....

Date.....

Return forms to [mnisisg@sipa.org.sz](mailto:mnisisg@sipa.org.sz) and copy [bulisile\\_mzileni@satihub.com](mailto:bulisile_mzileni@satihub.com)



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