



## APPLICATION FORM

Date received \_\_\_\_\_

Ref. N° \_\_\_\_\_

Accepted  Rejected

### ELIGIBILITY CRITERIA

- ▼ Private sector manufacturing SME
- ▼ Financial statements for the last 3 years
- ▼ Minimum 2 years established
- ▼ Minimum 5 registered employees
- ▼ Member of the Chambers of Commerce, Industry & Agriculture and/or Associations/Syndicates

### Applicant Info

Company Full Legal Name			
Company Name Abbreviation			
Owner / CEO Name			
Contact Person / Position			
Company Address	Mohafaza	Caza	
	Town/City	Street	
Postal Address			
Telephone / Fax			
Mobile			
Email / Website			

### Applicant Profile

Industry Sector			
Main Activity			
Main Products			
Last 2 Years	Year	Year	
N° of Permanent Employees			
N° of Seasonal Employees			

### Legal Status

<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Limited Liability (S.A.R.L.)	<input type="checkbox"/> Holding
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Joint Stock (S.A.L.)	<input type="checkbox"/> Other
N° and Date of the Commercial Register		
Chamber Registration Number		



Financial Status		
Last 2 Years	Year	Year
Sales Turnover LL		
Gross Profit LL		
Net Profit LL		
Export Share of Sales Turnover (%)		

Availability of Audited Financial Statement

Yes  No

Previous Participation in ELCIM Project

Yes  No

Services Expected from ELCIM

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By completing and signing this application, the company acknowledges and understands that, as soon as the application complies with company's eligibility criteria, a free of charge Business Diagnosis will be provided by ELCIM. The company agrees to provide documentary evidence supporting the information given in the application (commercial register, financial statements for the last 3 years, copy of valid authorized signature circular). The full cooperation of the company is requested to complete the Business Diagnosis.

Further co-financed services, to be provided by ELCIM, are subject to a satisfactory completion of the Business Diagnosis and approval. ELCIM's decision to reject an application or not to award project support is final. ELCIM will not provide any justification for any decision taken.

I, \_\_\_\_\_, the undersigned, legally authorized by \_\_\_\_\_ (company name) to submit the application to ELCIM and agree to abide by the conditions specified by ELCIM.

\_\_\_\_\_  
Authorized Signature and Seal

\_\_\_\_\_  
Position in company

\_\_\_\_\_  
Date