



A. IDENTIFICATION AND CONTACT INFORMATION

The information requested in this section identifies your company and provides us and potential users / clients with your contact and company details.

Name of business:

Short or trading name:

Business registration no.:

Income tax registration no.:

VAT registration no.:
(If applicable)

Tax clearance

YES ☐ (Attach certificate) NO ☐

If no, please state the reason why not: _____

Matebele component:

% Ownership

% Management

Youth component:

% Ownership

% Management

Disabled:

% Ownership

% Management

Physical address:

Postal address:

Website:

Nominated contact

Title (Dr, Mr, Mrs, Ms, etc.)

Position

Surname:

First names:

Phone:

Fax:

E-mail:

Cell:



B. BUSINESS INFORMATION

The information requested in this section is required to establish whether a Network Facilitator has the organisational, structural, managerial and financial capacity to provide sustainable services.

1. Customer Base

1.1 Indicate the number of customers to which your organization has rendered services over the last three (3) or five (5) years:

- a) Fewer than 10 ☐
- b) Between 10 and 30 ☐
- c) Between 30 and 50 ☐
- d) Above 50 ☐

1.2 List major clients and projects carried out within the last three (3) or five (5) years
(NB: **Attach proof of customer satisfaction / client assisted with contact details**)

1.3 Provide a list of other government or parastatals which you have rendered a service to and their contact details;

2. Financial Details

Financial statements for the previous financial year

☐☐

(attach income statement and balance sheet).

Did your business make a profit before tax? Yes

No

☐☐



B. BUSINESS INFORMATION

The information requested in this section is required to establish whether a Network Facilitator has the organisational, structural, managerial and financial capacity to provide sustainable services.

3. Physical Infrastructure

3.1 Provide a brief description of your organisation's location and the actual premises / facilities (where you will be trading).

3.2 Provide a list of office equipment / physical assets (e.g. office equipment and other major asset items).

3.3 Provide a profile of your organisation's staff (attach organogram).

No. of staff	Full-Time	Part-Time
a) Management:	<input type="text"/>	<input type="text"/>
b) Admin. / Support staff:	<input type="text"/>	<input type="text"/>
c) Service provision / Production staff:	<input type="text"/>	<input type="text"/>

3.4 How long has your organisation been operating?

3.5 Does your organisation operate solely (40 hours per week) on business development?

Yes ☐ No ☐

If 'No', list and give a short description of all other activities that your business does :

4. Management Capacity

4.1 Relevant Management Experience

Does your management have a minimum of six years' **collective** experience, provided that each manager has at least two years experience relevant to the provision of the services offered?

Yes ☐ No ☐

Please identify the management members and their individual experience relevant to the provision of the services offered in this registration / assessment.



B. BUSINESS INFORMATION

The information requested in this section is required to establish whether a Network Facilitator has the organisational, structural, managerial and financial capacity to provide sustainable services.

5.2 Does any member of your management team have any criminal conviction, charges pending or committed any other serious breaches of professional conduct (whether finalised or still under investigation)?

Yes ☐

No ☐

If 'Yes', please give details.

C. DESCRIPTION OF SERVICES PROVIDED

The company information requested in this section is required to establish the range of services offered by your company, as well as the industry sectors and geographical areas within which services will be provided.

6.

6.1 Indicate the range of services *previously / currently* offered by your business (Attach a list if available):

6.2. Indicate which geographical areas your company covers

D. NETWORK FACILITATOR'S OPERATIONAL AND TECHNICAL CAPABILITIES

The information being requested in this section is required to provide evidence that the Network Facilitator is likely to have the operational and technical capability to further establish and/or sustain a Network Facilitator business.

7. Customer Relations / Satisfaction

7.1 Do you have a documented system for effectively evaluating customer satisfaction with your services?

If 'Yes', provide details or attach a copy of the procedure.

7.2 What is your current rating by your customers? Provide evidence from customers to support your statement.



F. EDUCATION; TRAINING AND EXPERIENCE HISTORY

The information being requested in this section is required to provide evidence of the Network Facilitator's technical history as well as history in terms of education, training and experience of the Operations Manager' and each staff member that will be involved directly in Network Facilitation Services.

This form in Section F should be completed for **each** of these management members and **each** of the staff members that will be directly involved in Network Facilitation Services.

(Note: All four columns in this section are to be completed.)

GENERAL EDUCATION

School or College			
From	To	Educational Establishment	Major Subjects

TECHNICAL / ACADEMIC QUALIFICATIONS

University, College, etc.			
From	To	Educational Institution	Course / Main Subjects

CERTIFIED TRAINING COURSES / PROFESSIONAL DEVELOPMENT

Short Courses / Skills Programmes			
From	To	Title of Course / Training Scheme, etc.	Institution

MEMBERSHIP OF PROFESSIONAL BODIES

Name			
Year Joined	Reg. Number	Grade / Status	

PRACTICAL / COMMERCIAL EXPERIENCE

(Enter in chronological order starting from most recent experience.)

From – To	Position	Name of Organisation	Details of Experience

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REGISTRATION / ASSESSMENT RATING			
Overall Rating (Mark with an 'X')	A; Preferred NF	B; Back-up NF	C; Unsuccessful
Assessor's Name			
Assessor's Signature			
DATE OF MEETING			
Expiry Date of Endorsement			
Reason why unsuccessful, if the decision is C:			

Email completed form to: admin@matebele.com