



APPLICATION FORM BUSINESS ADVISORY SERVICES SCHEME

(All information shall be treated in strict confidentiality, unless the information is otherwise publicly available)

SECTION 1 : ENTERPRISE DETAILS

1.0 Company or Sole Trader details:

Name of Company or Sole Trader		
Contact Person:		
ID No. (applicable to Sole Trader)		
Business Registration Number:		
Address:		
Tel No:		Fax No:
Mobile:		E-mail:

1.1 Sector: *(Tick appropriate box)*

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Construction
<input type="checkbox"/> Tourism	<input type="checkbox"/> Transport
<input type="checkbox"/> Financial Services	<input type="checkbox"/> ICT
<input type="checkbox"/> Other Services (please specify)	

1.2 Description of activity: -----

1.3 Average Annual Turnover : Rs

1.4 No. of persons employed :

1.5 Employer's Registration Number with the National Pension Fund:

1.6 Training Levy Contribution for previous year: Rs
(period 01 July to 30 June)



1.7 Has any application for refund of training cost been submitted to the HRDC during the present financial year?

Yes No

1.8 If yes, please quote the reference number (SN):

1.9 Sales per year

	2018 (Rs)	2019 (Rs)	2020 (Rs)
Domestic market			
Export (if any)			
Total			

1.10 Total Investment (to date)

Category	Investment (Rs) M
Machinery & Equipment	
Information Technology (Soft & hard ware)	
Others	
Total	

1.11 Profit/Loss

	Profit/Loss (Rs)
Year 2018	
Year 2019	
Year 2020	



SECTION 2 : AREAS TO BE RESTRUCTURED

2.0 Briefly state the current business situation (eg. Objectives / marketing / strategic position; If digitally supported)

2.2 Which area(s) need(s) to be diagnosed. Please tick the appropriate box :

- 1.2.1 Management
- 1.2.2 Marketing
- 1.2.3 Human Resources
- 1.2.4 Finance and Procurement
- 1.2.5 Information Technology
- 1.2.6 Admin Processes
- 1.2.7 Production Processes

2.3 Use the box to state briefly (i) the proposed action(s) to be taken (ii) how the proposed action(s) will positively impact on your business.



SECTION 3: PROPOSED CONSULTANCY FIRM/CONSULTANT TO CARRY OUT

THE SERVICES

3.0 About the Consultant

Name of consultancy firm/consultant	Business Registration Number(BRN)	Estimated Fee (Rs)
1. -----		
2. -----		

3.1 Expected duration of the Advisory Service (maximum 4 months)

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3.2 Please provide a draft Restructuring Plan & Action Plan and clearly state :

- (a) The rationale and objective of the exercise
- (b) Scope of work, expected outcomes / deliverables
- (c-) Timeline

(Please see at annex guidelines of the restructuring plan).

SECTION 4 : EXPERIENCE OF CONSULTANCY FIRM / CONSULTANT

4.0 Previous advisory services carried out by the Consultancy firm/Consultant.

No.	Nature of Enterprise	Period of consultancy work was carried out	No. of employees
1			
2			
3			
4			



SECTION 5 : DOCUMENTS TO BE SUBMITTED

(All documents must be certified true copy of the original)

Documents /Information enclosed (Please tick below)		Annex	Tick
1.	Copy of Business Registration Certificate of the enterprise	I	
2.	Copy of Business Registration Certificate of the consultancy firm/ consultant	II	
3.	Profile / CV of consultant & testimonial(s) highlighting past years experiences related to the Business Advisory Services	III	
4.	Copy of ID of sole trader	IV	
5.	Quotation from Consultancy firm/consultant for the advisory services	V	
6.	Draft of Restructuring Plan & Action Plan	VII	
7.	Gantt Chart for the execution of the exercise	VIII	

SECTION 6 : DECLARATIONS

We declare that the facts stated in this application and the accompanying information are true and correct to the best of our knowledge and that we have not withheld/distorted any material fact. We understand that if we obtain the grant by false or misleading statements, the HRDC may, at its discretion,

- 1 Withdraw the refund and recover immediately from us any amount of the refund that may have been effected.
- 2 Take any other action deemed necessary.

Authorized Signatory		Date:	
Name & Designation		Enterprise Seal	

Please note that all sections of the application must be completed and accompanied with the above documents or else the application would not be considered.



FOR OFFICE USE ONLY

Checklist	For office use (✓)
1. All sections of the application form have been filled	
2. Copy of Business Registration Certificate of the enterprise (certified true copy of original)	
3. Copy of Business Registration Certificate of the consultancy firm/ Consultant (certified true copy of original)	
4. Copy of ID of sole trader	
5. Profile / CV and testimonial(s) of consultant highlighting past years experiences related to the Business Advisory Services	
6. Quotation from consultant/consultancy firm for the advisory services	
7. Draft of Restructuring Plan & Action Plan	
8. Gantt Chart for the execution of the exercise	

Remarks (*e.g. any missing or incomplete documents*)

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Application & other documents verified by :

Application Ref. No.	FIN / AS /
Officer's Name	
Signature	
Designation	
Date	