

SMALL BUSINESS ADMINISTRATION (SBA)

Ministry of Commerce and Industry
Corner of Ashmun and Gurley Streets
Ground Floor
Monrovia, Liberia



MICRO, SMALL AND MEDIUM ENTERPRISE (MSME) REGISTRATION FORM FORM SBA-BR-052115

This form is for new or existing small businesses wanting to become members of the SBA in Liberia.

The SBA wants to help develop and grow Liberian businesses, especially youth and women entrepreneurs. Our resources at the SBA create a favorable business environment by enabling better access to finance, market and providing training opportunities. **You do not have to be a registered business entity to register with the SBA and take advantage of what we offer.**

Please have the following items ready, if applicable:

- Your Business Registration documents,
- Your Tax Identification Number (TIN),
- Enterprise Code,
- Business address,
- 1 Passport photo each of the business contact person(s) and owner(s), and
- Contact information of the business contact person(s) and owner(s).

Please write clearly and provide as much information as possible. If you are in the SBA offices and need assistance, feel free to ask a member of our team to help you. The information you provide will help us get firsthand information about your business and help the SBA to provide you with the best service(s) for the growth, development and expansion of your business.

**SMALL BUSINESS ADMINISTRATION
MSME REGISTRATION FORM**

PLEASE WRITE CLEARLY AND PROVIDE AS MUCH INFORMATION AS POSSIBLE

Please fill this form with the latest information about your business. This information will be used by the SBA to tailor our services to the needs of your business. If you have any question about this form, please call or email: (+231) 0888820787 / sba_info@staff.moci.gov.lr

PART 1: BUSINESS PROFILE

| | | |
|------|---|---|
| 1.01 | NAME OF BUSINESS: | |
| 1.02 | BUSINESS LOCATION: | |
| 1.03 | TYPE OF BUSINESS ACTIVITY: | Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Catering Service <input type="checkbox"/> Construction <input type="checkbox"/> Professional Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Agriculture <input type="checkbox"/> Franchise <input type="checkbox"/> Broker <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Beverages <input type="checkbox"/> Textiles <input type="checkbox"/> OTHER <input type="checkbox"/> IF OTHER, PLEASE SPECIFY: _____ |
| 1.04 | BUSINESS PHONE NUMBER: | |
| 1.05 | LEGAL BUSINESS STRUCTURE: (CHECK ALL THAT APPLY) | <input type="checkbox"/> NOT- FOR PROFIT (NGO) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> BRANCH./ SUBSIDIARY |

PART 2: CONTACT INFORMATION

| 2.01 PRIMARY CONTACT | | 2.03 SECONDARY CONTACT (IF APPLICABLE) | |
|----------------------|--|--|--|
| NAME | | NAME | |
| EMAIL | | EMAIL | |
| PHONE # | | PHONE # | |

PART 3: BUSINESS INFORMATION

| | | | |
|---|--|---------------------------------------|--|
| 3.01 DATE OF REGISTRATION: (if applicable) (mm/dd/yy) | | 3.02 STARTING CAPITAL | |
| 3.03 START DATE OF BUSINESS ACTIVITIES (mm/dd/yy) | | 3.04 ENTERPRISE CODE: (if applicable) | |

MSME REGISTRATION FORM

| | | | | | |
|--|--|-----------------------------|---|--|--|
| 3.05 TAX IDENTIFICATION # (TIN) (if available) | | | 3.06 NUMBER OF EMPLOYEES AT THE START OF THE BUSINESS | MALE | FEMALE |
| | MALE | FEMALE | | | |
| 3.07 NUMBER OF EMPLOYEES FOR THE PAST 12 MONTH | | | 3.08 REVENUES EARNED DURING THE PAST 12 MONTHS | | |
| PART 4: MANAGEMENT AND OPERATION | | | | | |
| 4.01 DO YOU KEEP RECORDS OF YOUR BUSINESS OPERATIONS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> SOMETIMES | 4.02 DO YOU MANAGE THE BUSINESS YOURSELF? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4.03 DO YOU HAVE A BANK ACCOUNT FOR THE BUSINESS? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | 4.04 WHAT TYPE OF ACCOUNT DOES THE BUSINESS HAVE? | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |
| 4.05 HAVE YOU TAKEN OUT A LOAN IN THE PAST 12 MONTHS? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | 4.05a If YES, WHAT WAS THE AMOUNT OF THE LOAN | |
| 4.05b IF YES, FROM WHERE DID YOU GET THE LOAN? | | | | <input type="checkbox"/> BANK <input type="checkbox"/> FAMILY <input type="checkbox"/> SUSU <input type="checkbox"/> OTHERS PLEASE SPECIFY | |

| Part 5: Other Relevant Information | | | |
|--|--|--|------------|
| 5.01 OWNER | % OWNED | MALE /FEMALE | AGE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 5.02 HAVE YOU PARTICIPATED IN ANY SBA RELATED ACTIVITIES IN THE PAST 12 MONTHS? (CHECK ALL THAT APPLY) | | | |
| <input type="checkbox"/> OFFICE VISIT | <input type="checkbox"/> MSME CONFERENCE | <input type="checkbox"/> BUSINESS PLAN COMPETITION | |
| <input type="checkbox"/> SBA WEBSITE VISIT | <input type="checkbox"/> WORKED WITH SBA STAFF | <input type="checkbox"/> RECEIVED AND READ SBA BROCHURES | |
| <input type="checkbox"/> ATTENDED SBA EVENT | <input type="checkbox"/> OTHER (specify _____) | | |
| 5.03 COMMENTS /SUGGESTIONS FOR THE SBA | | | |
| | | | |

MSME REGISTRATION FORM

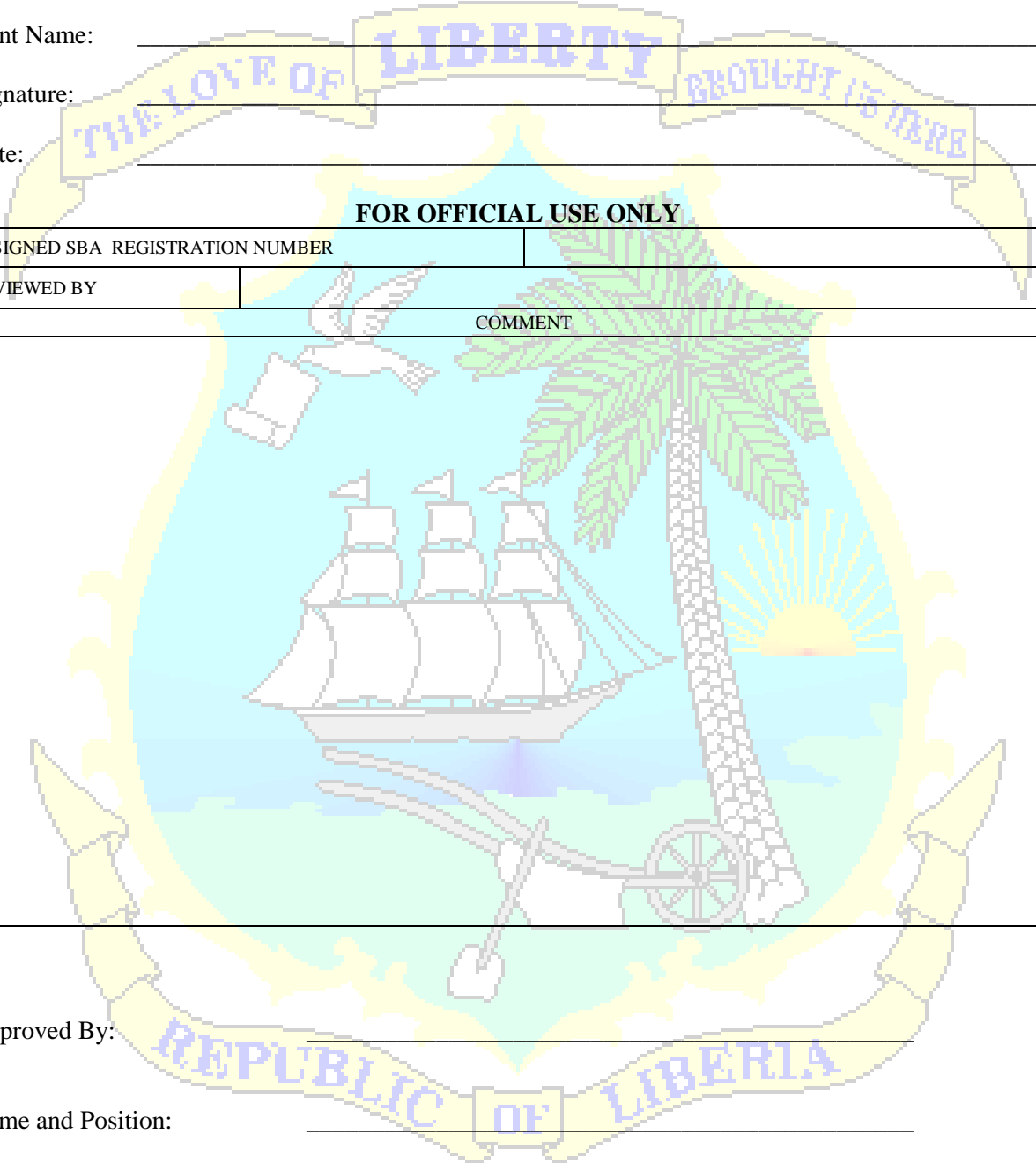
This form must be signed by the authorized head/owner of the business.

By signing this form, I certify that the responses to every question on this form and all supporting documents are true and complete to the best of my knowledge. I understand that if the SBA finds the information misleading, it has the right to deny me membership.

Print Name: _____

Signature: _____

Date: _____



FOR OFFICIAL USE ONLY

| | |
|----------------------------------|--|
| ASSIGNED SBA REGISTRATION NUMBER | |
| REVIEWED BY | |
| COMMENT | |
| | |

Approved By: _____

Name and Position: _____

Date: _____