

## REGISTRATION FORM

### A. CORPORATE IDENTITY:

Trade Name : \_\_\_\_\_

Location of Head office: \_\_\_\_\_

Manager (Names and surnames): \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone N°1: \_\_\_\_\_ Phone N°2 : \_\_\_\_\_ Fax: \_\_\_\_\_

Sector of activity: \_\_\_\_\_

Date of effective start of activity: \_\_\_\_\_

Capital: \_\_\_\_\_

Accumulated result for the last two years: \_\_\_\_\_

Shares capital distribution: local shares \_\_\_\_\_% foreign shares \_\_\_\_\_%

Is the enterprise a subsidiary of a multinational?

No

YES : Specify : \_\_\_\_\_

**B. BUSINESS SECTOR/INDUSTRY<sup>1</sup> :** \_\_\_\_\_

### C. I REQUEST A SUBSCRIPTION FOR :

Global Updrading Program

Specific Updrading Program (maximum three intangible choices)

- Quality (ISO 9001)     with certification     Without certification
- Quality in calibration and testing laboratories (ISO 17025)
- Establishment of market survey
- Review of the organizational framework, Human Resource management
- Improvement of financial system, accounting systems and cost analysis
- Occupational health and safety (OHSAS 18001)  With certification     Without certification
- Useful hints on good hygienic and/or good manufacturing practices
- Reduction of energy consumption, Pollution and waste management
- Environnemental management (ISO 14001)     With certification     Without certification
- Food Safety (ISO 22000)  With certification     Without certification
- Improvement of marketing and sales, increase of export, diversification of products
- Establishment and maintenance of management software's
- .....
- .....

<sup>1</sup> **Target sectors:** Food Industry, clothing firm, Wood, Chemistry, Tourism, Leather and shoes, Subcontracting Activities (Metallurgy, Mechanics, Electricity, Electronics and Electrical Engineering, Construction, ...)

**D. MANAGEMENT (ORGANIZATIONAL STRUCTURE AND CAPACITY)**

Is the company already certified / accredited for a management system?

- No  
 Yes : Specify \_\_\_\_\_

Existence of an organizational chart	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Effective application of the organization chart	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Existence of a procedure manual	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Existence of a financial department	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Existence of a commercial department	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Total number of employees: \_\_\_\_\_

Of which:

**Permanent** \_\_\_\_\_

Senior Managers \_\_\_\_\_

Engineers: \_\_\_\_\_

Labourers: \_\_\_\_\_

**Temporary:** \_\_\_\_\_

Qualification of the production manager (give title of academic certificate): \_\_\_\_\_

**E. BUSINESS OPERATING DATA**

Rate of local inputs in relation to total supply of raw materials (%): \_\_\_\_\_

Main products manufactured \_\_\_\_\_

Turnover (000'): \_\_\_\_\_ local market %: \_\_\_\_\_ Exportation %: \_\_\_\_\_

Main Products exported \_\_\_\_\_

With regard to the OHADA code, has the enterprise faced difficulties during the past two years? :

Yes  No

Has enterprise activities been interrupted for more than three months cumulatively? Yes  No

If Yes, What are the reasons of interruption? \_\_\_\_\_

Industrial Processing? Yes  No

Existence of a Training Policy/ Plan? Yes  No

Is equipment above 12 years of age? Yes  No

Does the enterprise commercialise products other than those it produces? Yes  No

If yes, specify \_\_\_\_\_

Indicate the percentage share of these activities in the total revenue: \_\_\_\_\_ %

**Signature of Manager**