



Kuwait's National Fund for SME Development

Draft OSS Unified Application Form

APPLICANT FULL NAME	CIVIL ID NUMBER	NATIONALITY	CITIZENSHIP NUMBER	OWNERSHIP PERCENTAGE
1				
2				
3				
4				
5				



GENERAL BUSINESS INFORMATION									
Date									
Company Name									
Company Address									
PACI Unit Plate #									
Company Phone			E-mail Address						
Economic Activity									
Type of Business License									
Are you a client of the National Fund?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you eligible to apply to the SME Fund?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have allocated space for your business?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you (or any of the partners) ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Are there any specific activity clearances required prior to obtain the Business License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, provide Gov. Agency Name					
Has the capital been allocated to your account		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, provide Bank Name					
Do you allow the National Fund to contact the Bank for authorization?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, provide Account IBAN					
BUSINESS LOCATION INFORMATION									
Rent Contract Number									
PACI Building Plate #									
Landlord Name (Company)									
Landlord Civil ID (Company ID)									
Contract From	To		Did you pay rent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Rental Monthly cost (KD)			
First Month of Rent	M	Y	Rental Space						
PACI Building ID									
Fire Department Building Approval Number									
COMPANY INFORMATION									
Company Purpose									
Company Total Capital (KD)									
Partnership Duration									
Name of Managing Director			Status of Employment						
Managing Director PIFSS File Number									

PREVIOUS EMPLOYMENT OF MANAGING DIRECTOR			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
End of service pension received?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
UNDERTAKING AND SIGNATURE			
<p>'I, the undersigned, declare under the penalty of the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.</p>			
Signature			Date



الصندوق الوطني
The National Fund
FOR SMALL AND MEDIUM ENTERPRISE DEVELOPMENT

Reference Documents:

Item Number	