



Women Business Incubation Center (WBIC), Lahore

Client Information Form

SMEDA Approval No.: WBIC 01

Issuance Date: _____

Client Number: _____
Location Code: _____
Type of Client: _____
Initials of WBIC Rep.: _____

Business Information (to be completed by all Clients)

1. Name of Business: _____		Telephone/Mobile: _____	Fax: _____
2. Business Ownership: What percentage of your business is male or female owned? % Male _____ % Female _____		3. Month & Year Business Started? _____	4. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Length of Time in Business: <input type="checkbox"/> Planning Start-up <input type="checkbox"/> < 1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4-10 years <input type="checkbox"/> >10 years			
7. Type of Business (choose primary category and specify) <input type="checkbox"/> Manufacturing: _____ <input type="checkbox"/> Trading: _____ <input type="checkbox"/> Services: _____ <input type="checkbox"/> Any other: _____			
8. Total No. of Employees (including yourself): Full time: _____ Part-time: _____ Seasonal: _____ Total: _____	9. For your most recent full business year, what were your: Gross Revenues/Sales Rs. _____ Profits/Losses Rs. _____		10. Legal status of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____

Business Assistance Information (to be completed by all Clients)

11. Nature of assistance sought	
a) WBIC Specific Only (kindly check the facility you will like to avail) <input type="checkbox"/> Office for rent: _____ Small _____ Medium _____ <input type="checkbox"/> Exhibition area: Specify duration _____ weeks	
b) Training Programs <input type="checkbox"/>	c) Business Advice/Consultancy <input type="checkbox"/>
Areas in which Training or Business Advice/Consultancy sought: <input type="checkbox"/> Business Plan Development <input type="checkbox"/> Business Management <input type="checkbox"/> Marketing <input type="checkbox"/> Financial Management <input type="checkbox"/> Obtaining Finance <input type="checkbox"/> Legal Issues (Taxes, etc) <input type="checkbox"/> E-commerce & computers <input type="checkbox"/> Other _____	
12. How did you hear about WBIC? (mark all that apply) <input type="checkbox"/> SMEDA <input type="checkbox"/> Cable & Promotional Material <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (specify) _____	

Client Personal Information (Optional yet important)

13. Name Client _____	14. Email: _____ Web Site: _____
15. Telephone Home: _____	
16. Address: Home: _____ Office: _____	
17. Education Level <input type="checkbox"/> Matriculation-Intermediate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Others Specify _____	
18. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	19. Are you the main financial contributor of your household? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. # in Household: # Adults 18 and over (including yourself): _____ # Dependents under 18: _____	
21. What was your gross household income before taxes last year that supported all members of the household? <input type="checkbox"/> Under Rs. 30,000 <input type="checkbox"/> Rs. 30,000-49,999 <input type="checkbox"/> Rs. 50,000-99,999 <input type="checkbox"/> Rs. 100,000 and over	
22. Client Signature _____ (Attach copy of your NIC card or give us your NIC # _____)	

Thank you for your time and effort in completing our information form!

Kindly fill in the form and submit at our office.

Head Office: Women Business Incubation Center (WBIC)- 156-Y Block, Commercial Market, DHA, Lahore.
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