



Women Entrepreneurs Development Cell (WEDC), SMEDA

Client Information Form

SMEDA Approval No.: WE-01
Issuance Date:

Client Number:
Location Code:
Type of Client:
Initials of WEDC 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"/> Obtaining Finance		<input type="checkbox"/> Legal Issues (Taxes, etc)		<input type="checkbox"/> E-commerce & computers	
				<input type="checkbox"/> Financial Management	
				<input type="checkbox"/> Other _____	
12. How did you hear about WEDC? (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 _____ <p style="text-align: center;">(Attach copy of your NIC card or give us your NIC # _____)</p>					

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 Entrepreneurship Development Cell (WEDC)-SMEDA, 6th Floor LDA plaza, Egerton Road, Lahore
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