



APPLICATION FORM FOR STUDENT START-UP BUSINESS

APPLICANT INFORMATION

Name:	
Date of birth:	CNIC NO:
NTN No: <i>(Optional)</i>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone No:
Current address:	
Business address:	
Email Address:	
Partners / Co-Founders	

BUSINESS ACTIVITY DETAILS

Type of Business: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Other <i>(Please Specify)</i>	
Management Structure:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other <i>(Please Specify)</i>
No of Employees:	Years of Operations:
Need for the Product/Service? <i>(Additional Sheet may be attached)</i>	
Product/Service Description <i>(Additional Sheet may be attached)</i>	
Prospective Markets <i>(Additional Sheet may be attached)</i>	
Describe the Business Model? <i>(Additional Sheet may be attached)</i>	
Total Amount Required for Start-up <i>(Not More than PKR 900,000/-)</i>	
Pay Back Option	<input type="checkbox"/> Beneficiary (recipient) of the student start up business fund will make the university a 10% equity holder in the company. <input type="checkbox"/> Beneficiary (recipient) of the student start up business fund will return voluntarily an amount twice equivalent (received) to SSBC within 10 years of successfully establishing his/her business and thereafter donate 5% of each total sale/earnings to SSBC in perpetuity.

DECLARATION BY APPLICANT

I the undersigned, duly understand, affirm and certify that:

- I am fully authorized to represent my business and/or business associates on its/their behalf.
- I am completely aware of the applicable terms and conditions in applying to SSBC.
- I shall submit all required documents and cooperate with SSBC in every respect.
- SSBC reserves the right to accept or reject any application, at any stage. SSBCs decision to my/our application will be final and incontestable. The applicant will not appeal against the decision.
- The information provided in this application is correct to the best of my knowledge & belief.
- I here by authorize SSBC to verify information provided on this form.
- I here by declare that I would only utilize funds for subject start-up business.

Name :	
CNIC :	
Designation:	
Signature:	

In Case of Co-Applicant

Name :	
CNIC :	
Designation:	
Signature:	