

YOUNG GRADUATE ENTREPRENEURSHIP CLINIC

APPLICATION FORM

1. Personal Information of the applicant.

First Name	Middle Name	Surname
Date of Birth (Day/Month/Year)	Sex	Nationality
Contact Details		
Phone Number 1	Phone Number 2	Phone Number 3
Email Address		
Facebook	Twitter	Instagram
Physical Address	Street _____ District _____	
	Region _____	

2. The business details (Please summarize your business ideas in a maximum of two pages).

Guiding Questions

- i. What type of business idea / venture do you have?
- ii. Which sector is your business idea / venture?
- iii. How innovative is your business idea/venture?
- iv. What is the market opportunity for your product?
- v. How do you finance/plan to finance your business? Please show a brief budget estimate.
- vi. Any other information (if necessary).

Terms and Conditions:

1. Must be a young Tanzanian between 18-35.
2. Must be the founder(s) of the start-up/small business.
3. A start-up must be based in Tanzania
4. Applicants can submit only one application.
5. Your business idea should not exceed two pages
6. An application must be submitted in a PDF format
7. These terms and conditions can be modified by the organizers of the competition.
8. Copies of Certificates
9. Copy of Birth Certificate

Submission details: This application should be submitted via

neec@uwezes haji.go.tz or drop your applications directly at National Economic Empowerment Council at 12 Kivukoni Front Dar es Salaam or send it via Post Office Address with caption top of envelop **“YOUNG GRADUATE ENTREPRENEURSHIP CLINIC” to;**

Executive Secretary
National Economic Empowerment Council
12 Kivukoni Front
P.O. Box.1734 , Dar-Es-Salaam
Tel: +255 22 2137362,
Tel /fax : +255 22 2125596
Website: www.uwezes haji.go.tz,

The deadline for the application is 11/09/2018

I AGREE WITH THE TERMS AND CONDITIONS OF THIS PROGRAM.

Personal Signature:..... Date...../...../2018.