

**Micro-Franchise program
APPLICATION FORM**

*The purpose of this form is to collect identifying information about the applicant that will facilitate background checks and the assessment the applicant's needs and eligibility for the Micro-Franchise program. For clarification regarding the application process, please contact **Shalhmar Prisirie**.*

GENERAL INFORMATION

NAME OF BUSINESS("APPLICANT") _____

Address _____

Your Name _____

Your Title _____

Phone/Mobile _____

Please select the type of Micro-Franchise you are applying for:

ASW hub 3s ☐
ASW satellite Hub 2S ☐
ASW Satellite ☐

Please answer the following questions about your business:

1. What services do you currently provide? (Select all the applicable)

Offer repairs ☐ Sell spare parts ☐ Sell units ☐

2. Do you have an existing workshop?

Yes ☐ No ☐

3. How many mechanics do you have?

4. How many of these mechanics have been trained by Datsun Suriname in repairing Yamaha products?

5. For how long have you been running the business?

6. How many clients and motors do you serve in an average week?

7. Do you have all the tools and equipment you need to perform your work?

8. Please write down all the expenses (mane and amount) that you have in an average month:

Name:	Amount:	Name:	Amount:
Name:	Amount:	Name:	Amount:
Name:	Amount:	Name:	Amount:
Name:	Amount:	Name:	Amount:

7. What is the average amount of money you spend in regular moth?	
8. Please write down all the prices for your Services/Products that you provide in an average month:	
Product:	Cost:
Product:	Cost:
Product:	Cost:
Product:	Cost:
Product:	Cost:
Product:	Cost:
Product:	Cost:
Product:	Cost:
Product:	Cost:
Product:	Cost:
9. What is the average amount of money you earn in regular moth?	
10. Please include the name and contact details of 2 Personal references of people who know you profesinally and can talk about your skills	
Name:	Phone:
Name:	Phone:

SELF-ASSESSMENT FORM

The purpose of this self-assessment instrument is for you to evaluate your needs and available resources to participate in the Micro-Franchise program. The data compiled will aid the evaluation team in an ongoing process of program improvement.

GENERAL INFORMATION

Applicant Name _____

Gender _____

Location _____

INSTRUCTIONS: Consider each question separately and rate each item independently of all others. Select the rating that indicates the correct answer, considering the following statements:

In a scale of 1 to 4 where 1 means "a lot" and 4 means "none" please indicate how much support do you need in the following areas:

How much support do you need?	a lot	some	a little	none
	1	2	3	4
1. HUMAN RESOURCES				
Hiring mechanics				
Keeping personnel records				
Improving the quality of the work				
Doing the work in a timely manner				
Training the employees				
2. ADMINISTRATIVE MANAGEMENT				
Requesting and getting the spare parts/units needed				
Keeping administrative records				
Keeping records for every client				
Keeping records for every motor repaired				
Keeping records of the inventory (spare parts, tools, etc.)				
3. FINANCIAL MANAGEMENT				
Keeping track of expenses				
Keeping track of the income				
Having financial stability				
Establishing short, medium and long term goals for the business				
Calculating salaries and maintaining the payroll				
4. CUSTOMER SERVICE & MARKETING				
Establishing production targets (for example a target number of clients or engines to be repaired).				
How much support do you need?	a lot	some	a little	none
	1	2	3	4
Designing a marketing strategy to promote my services				
Giving invoices to clients and providing warranty on the repair work				
Following up with previews and existing clients				
Improving customer service				
5. EQUIPMENT AND INFRASTRUCTURE				
Having enough space at the workshop to keep the units				

Thank You!

Date: _____

