



SHAMBA PRIDE LIMITED P.O Box 91-00519 Nairobi. Kenya
DigiShop Application Form

A: PERSONAL PROFILE

NAME OF APPLICANT _____ ID No _____

BUSINESS NAME _____

BUSINESS LOCATION _____

ADDRESS _____ MOBILE NO _____

EMAIL _____

B: ACADEMIC QUALIFICATIONS (Tick)

UNIVERSITY DEGREE () COLLEGE CERTIFICATE () SECONDARY EDUCATION ()

PROFESSIONAL QUALIFICATIONS _____

EXPERIENCE PERIOD _____

C: BUSINESS PROFILE

WHEN DID YOU START YOUR BUSINESS _____ AMOUNT OF CAPITAL _____

SOURCE OF CAPITAL _____

CURRENT AVERAGE MONTHLY SALES _____

CURRENT AVERAGE DAILY SALES _____

ESTIMATED CURRENT STOCK PLUS BUSINESS CASH OR AMOUNT YOU WANT TO INVEST _____

Rent per month _____

LICENCES (Kindly attach copies and copy of your ID)

COUNTY BUSINESS PERMIT () PCPB () KEPHIS ()

N/B Please return the completed application form attached with copy of your ID. All applications will be processed within not more than five working days.

I hereby confirm my interest to apply as a DigiShop of SHAMBA PRIDE and certify that the above information is true to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ DATE _____