



ABVIG Network Registration Application Form

PASSPORT
PICTURE

Individual's name: _____ ABVIG Reg. No: _____
Sex: (M / F) Age: _____ Birth Date: _____
Number (#) of children: _____ Number (#) of children under 5 years of age: _____
Marital status: _____ If married, is your partner currently employed? (Y / N)
Phone number: _____ What community do you live in? _____
Home address: _____
Location: Near / Around / Opposite (circle one) _____
How long have you been living there (weeks, months, years)? _____
Postal address: _____
Next of Kin: _____ Relationship to you: _____
Next of Kin phone number: _____

BUSINESS INFORMATION

Group/Cooperative name: _____
Date of Incorporation _____ Reg. No: _____ Type of business: _____
of years in business? _____ Nature of Business: _____
Location: (circle if needed) Near / Around / Opposite: _____
When are you open? (please list days and time) _____
Farm Produce _____ Commodity _____
Total sales? N _____ per day / week (circle one)
Total expenses? N _____ per day / week (circle one)
Total profit margin: N _____ (total sales - total expenses = profit margin)
Your total farm land size _____ Expected yield annually _____
Where do you buy your supplies? _____
What are your challenges _____

Are you currently doing savings with any bank? (Y / N) If yes, for how long? _____
Give details of Bank _____

CREDIT HISTORY

Have you ever taken a loan before? (Y / N) If yes, from where? _____

How much? N _____ For what period of time? _____

SERVICE PREFERENCE

As an ABVIG loan recipient, you will attend a series of mandatory business and health training seminars. We have prepared the following exercise to determine what training topics will best serve your needs. Please rank the topics in order of preference, beginning with 1. If you have any questions, please consult your Cooperative Leaders or Mr Moses or Contact us.

BUSINESS TOPICS	RANK	HEALTH TOPICS	RANK
Record Keeping	_____	Malaria	_____
Management Strategies	_____	Tuberculosis	_____
Pricing and Elasticity of Demand	_____	Nutrition	_____
Market Awareness: Understanding your Market	_____	HIV/AIDS	_____
Market Segmentation & Product Diversification	_____	Reproductive Health	_____
Customer Relations	_____	Healthy Pregnancy	_____
Economies of Scale: Power in Numbers	_____	National Health Insurance Scheme	_____
SWOT Analysis: Strengths, Weaknesses, Opportunities, Threats	_____		_____
Marketing Strategies	_____		_____

Declaration:

I hereby certify that all information provided above is correct to the best of my knowledge and truly represents my identity.

Signature: _____ Date: _____