



# PRIDE MICROFINANCE LIMITED (MDI)

## SKILLING THE YOUTH UNDER INCUBATOR MODEL AND SPUR IMPACT DRIVEN ENTREPRENEURSHIP PROGRAM

Attach your  
photo here

### YOUTH INCLUSION APPLICATION FORM

Dear applicant;

We are excited that you are applying for the pride youth inclusion skilling program, before completing the form, please read the information below carefully.

#### **Section A: General information about the pride youth inclusion skilling program**

Pride Microfinance, with support from European Investment Bank (EIB), is empowering 1000 youth to start and grow their businesses. The selected youths will receive training, mentorship, and startup capital. (Terms and conditions apply).

#### **APPLICATION REQUIREMENTS**

These have to fulfill the following:

1. **MUST** be Youth (18-30 years)
2. Valid form of identification (National ID).
3. A legal business or a sound business plan for startups.
4. A program subscription fee of 100,000. (This will be credited onto the enrollee's account after completion of the training).
5. 2 guarantors.
6. LC1 Recommendation letter
7. Proof of trading license for the last 6 months for those with business.
8. A business plan for those with no existing Businesses.
9. Two Current passport photos.
10. Commit to attending all training sessions available for skilling

#### **Section B: Bio Data.**

Fill in the application form as clearly and as completely as possible, only completed application forms shall be accepted and admission to the program is based on the competitive selection process.

#### **NOTE:**

The applicant shall be given equal opportunity and shall not be discriminated against on basis of disability, gender, religion, region, or ethnical background.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Village parish Sub-county District*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Gender: \_\_\_\_\_ Nin Number : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Business/  
Business Idea \_\_\_\_\_

Are you a citizen of Uganda? YES  NO  If not, are you authorized to do Business in YES  NO   
Uganda?

Have you ever been convicted of any crime? YES  NO

If yes, explain: \_\_\_\_\_

## Business information

Existing Business: \_\_\_\_\_ New Business idea: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Is the Business registered? YES  NO  Do you have a trading license? \_\_\_\_\_

## The sector under which your Business/ Business idea fall (specify the type of business you're doing)

Agriculture: \_\_\_\_\_ Energy: \_\_\_\_\_

Tourism: \_\_\_\_\_ : \_\_\_\_\_ Financial services \_\_\_\_\_

Information technology \_\_\_\_\_ Distribution and retail: \_\_\_\_\_

Consumer goods: \_\_\_\_\_

Oil and gas: \_\_\_\_\_

Other (kindly specify)

1.

- 2.
- 3.

**Justification for the enrolling in the training**

*Explain why you need this skilling program.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are your expectations of the skilling and Business Development program**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Next of kin**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Village: \_\_\_\_\_

Parish: \_\_\_\_\_ Sub-county \_\_\_\_\_ District \_\_\_\_\_

Relationship: \_\_\_\_\_

**The district where the Business is located**

District: \_\_\_\_\_ Sub-county: \_\_\_\_\_ Parish: \_\_\_\_\_

Village \_\_\_\_\_ Street: \_\_\_\_\_

**Pride microfinance Branch Near you**

Name of branch: \_\_\_\_\_ Village \_\_\_\_\_ Parish: \_\_\_\_\_  
Sub-county \_\_\_\_\_ District: \_\_\_\_\_

**Guarantors 1**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Village: \_\_\_\_\_  
Parish: \_\_\_\_\_ Sub-county \_\_\_\_\_ District \_\_\_\_\_  
Relationship: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ To: \_\_\_\_\_ Any comment: \_\_\_\_\_

May we contact your guarantor for a reference? YES  NO

**Guarantors 2**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Village: \_\_\_\_\_  
Parish: \_\_\_\_\_ Sub-county \_\_\_\_\_ District \_\_\_\_\_  
Relationship: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ To: \_\_\_\_\_ Any comment: \_\_\_\_\_

May we contact your guarantor for a reference? YES  NO

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to enrolment, I understand that false or misleading information in my application may lead to disqualification.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_