

APPLICATION FOR ENROLLMENT TOUR OPERATOR INCUBATION PROGRAMME

Entrepreneur Information Name of business owner

Nationality			
Gender			
Race			
Disability (please tick)		Yes	No
Business partners (please tick) – if yes, please list their names, gender & race on a separate page.		Yes	No
Business Information			
Name of business			
Type of business (e.g. Tour operator, travel agency, tourist guiding or other – please specify.)			
Business registration no.			
Years of operation			
Number of employees			
Youth & women involvement			
Business physical address			
Ward no.			
Town / Village name			
Contact number/s			
Email address			
Web address			
Motivation why your business should be selected:			
Signature of applicant:	Data		
Signature of applicant: Date:			