



# SME Relief Foundation

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## SME CLINIC MEMBERSHIP FORM

PLEASE COMPLETE IN CAPITAL LETTERS

### PART 1 – COMPANY ADDRESS AND LOCATION

Company Name	
Company Location	
Address	
Telephone No.	
Fax	
Email	
Website	

### PART 2 – CONTACT PERSON FOR SME RELIEF

Name	
Position/Function	
Telephone (Direct Line)	
Mobile No.	
Direct Email	

### PART 3 (Data would be used for SME Relief Publications)

Please select your business' main activity

Manufacturing of:

Food & Beverage

Cosmetics

Textile

Garments & Apparel

Leather works       Chemical & Chemical Products       Rubber & Plastics

Furniture & Wood Products       Paper & Paper Products

Publishing and Printing       Other (please specify): .....

**Services:**

Micro-Finance & Insurance       Computer & Software Industry

Tourism & Hospitality       Logistics & Transportation

Other (please specify): .....

**Brief description of business offering:**

.....  
.....  
.....

**PART 4 – AREAS TO BE ADDRESSED BY SME RELIEF** (Please tick the applicable areas that your business needs support in)

Business Plan development       Marketing & Branding       Finance & Accounting

Fund Raising       Operations       Human Resource & Succession Planning

Legal Requirements       Other (please specify): .....

**Brief description of business issue/challenge:**

.....  
.....  
.....

**PART 5 – COMPANY DETAILS** (Data would be strictly confidential and not made available to third parties)

**Company Phase**

Idea stage     Start-up stage     Growth stage     Matured stage

Exit stage

**Ownership Type**

Sole Proprietorship     Partnership     Limited Liability

<b>Year company started operations</b>	
<b>Certificate of Incorporation/Registration No.</b>	
<b>Certificate to Commence Business No.</b>	
<b>Number of Employees</b>	
<b>Turnover (in last financial year)</b>	