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| NUMBER OF APPLICATION(completed by RAS) |  |

**APPLICATION**

**FOR THE PARTICIPATION IN STAGE I OF THE PROGRAM - TRAININGS**

**1. GENERAL INFORMATION ON THE APPLICANT**

(completed by all applicants)

|  |  |
| --- | --- |
| Name and surname |       |
| Date of birth |       |
| Personal identity number |       |
| Sex |       |
| ID number |       |
| Issued by MoI Police Administration |       |
| Place of residence |       |
| Postal code number |       |
| Municipality of residence |       |
| Street and number |       |
| Contact telephone (land line) |       |
| Contact telephone (mobile phone) |       |
| E-mail address |       |
| Degree of education |       |
| Faculty/upper secondary school |       |
| Occupation |       |

**2. TITLE OF BUSINESS IDEA**

|  |
| --- |
|       |

**3. DESCRIPTION OF BUSINESS IDEA**

|  |
| --- |
| **DESCRIPTION OF BUSINESS IDEA AND TYPE OF ACTIVITY** |
| **DESCRIPTION OF BUSINESS IDEA** |  |
| [ ]  production |  [ ]  processing |  [ ]  services |
|
|
|
| **OBJECTIVES OF BUSINESS IDEA** |  |
| **METHODS OF BUSINESS IDEA IMPLEMENTATION**(recruiting workers, fixed assets at disposal, timeframe for the implementation of idea - (describe in 10 sentences)) |  |
| **HOW DOES YOUR BUSINESS IDEA CORRESPOND TO THE MARKET NEED**?(present a plan of market approach |  |
| **ASSESMENT OF NECESSARY INVESTMENTS** |
|

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| --- | --- | --- | --- |
| Total project costs (RSD) – with VAT | Total project costs (RSD) – VAT excluded | Amount of requested funds from RAS (RSD)  | RAS contribution in total costs (%) |
|  |  |  |  |

 |
| **Show framework structure of costs** (provide several most important items for implementation, total estimated amount which is required, as well as methods of financing (own funds, loans, grants and similar)) |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Type of cost | Amount (RSD) – with VAT | Amount (RSD) – VAT excluded | Methods of financing |
|  |  |  |  |
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|  |  |  |  |
| **Total (RSD)** |  |  |  |

 |
| **Description of investment** |  |
| **OTHER RELEVANT INFORMATION FOR YOUR BUSINESS IDEA** |  |

*Note:if necessary, expand rows or add an annex to the application*

**STATEMENT**

By signing this application I confirm that all the above mentioned information is correct and complete and I agree that the Development Agency of Serbia is not obliged to return the submitted documentation.

|  |  |
| --- | --- |
|  **Place and date** |  **Legal representative** |
|  |  |
|  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ L.S.**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

All information stated in the application is strictly confidential and shall not be delivered to third parties without a prior written notice to you and shall not be used for any other purpose except fort the purposes of the Support Program for Business Start-ups – START-UP PROGRAM.