



FREE ENTERPRISE DIAGNOSIS APPLICATION FORM

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HOW TO APPLY

Please complete ALL sections of this form in BLOCK LETTERS. Submit the completed form to CABEP via: *Walk-in: Veterinary Junction, Bamenda, First Floor, Lawyer Sendze's Building* | *Email: info@cabep.org* | *WhatsApp: +237 688 323 322*

SECTION 1: APPLICANT / CONTACT INFORMATION

1.1 Full Name of Applicant

1.2 Position / Title in Business

1.3 Mobile / Phone Number

1.4 WhatsApp Number

1.5 Email Address

1.6 Date of Application

SECTION 2: BUSINESS / ENTERPRISE INFORMATION

2.1 Full Business / Enterprise Name

2.2 Business Registration Number (if any)

2.3 Year Business Was Established

2.4 Town / City of Operation

2.5 Region

2.6 Physical / Operating Address

2.7 Business Website or Social Media Handle (if any)

2.8 Type of Business (tick all that apply)

- Sole Proprietorship Partnership Limited Company (Ltd) Cooperative NGO / Association Other (specify)

2.9 Business Sector / Industry (tick one)



- | | | | | | |
|--|--|--|---|--|---|
| <input type="checkbox"/> Agriculture & Agro-processing | <input type="checkbox"/> Trade & Commerce | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Construction & Real Estate | <input type="checkbox"/> Transport & Logistics | <input type="checkbox"/> ICT & Digital Services |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Tourism & Hospitality | <input type="checkbox"/> Creative & Arts | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Other (specify below) |

If 'Other', specify:

2.10 Number of Full-Time Employees

2.11 Number of Part-Time Employees

2.12 Estimated Annual Turnover (FCFA)

2.13 Has your business been formally audited?

SECTION 3: CURRENT BUSINESS SITUATION & CHALLENGES

3.1 Briefly describe what your business does and who your customers are

3.2 What are the key challenges your business is currently facing? (tick all that apply)

- | | | | | | |
|--|---|--|--|--|--|
| <input type="checkbox"/> Low sales / revenue | <input type="checkbox"/> Lack of customers / market | <input type="checkbox"/> Weak financial management | <input type="checkbox"/> Poor record-keeping | <input type="checkbox"/> Lack of business strategy | <input type="checkbox"/> Staff / human resource issues |
| <input type="checkbox"/> Access to finance / loans | <input type="checkbox"/> High operating costs | <input type="checkbox"/> Competition | <input type="checkbox"/> Regulatory / legal issues | <input type="checkbox"/> Technology & digital gaps | <input type="checkbox"/> Other (specify below) |

If 'Other', specify:

3.3 What specific outcomes are you hoping to achieve from this diagnosis?

3.4 Has your business ever received external business coaching or advisory support?

- Yes; briefly describe below No



SECTION 4: BUSINESS GOALS & GROWTH PLANS

4.1 What are your top 3 business goals for the next 12 months?

- 1. _____
- 2. _____
- 3. _____

4.2 Are you open to coaching and implementing recommended changes after the diagnosis?

- Yes, fully committed Yes, with some reservations Not sure yet

4.3 How did you hear about this opportunity?

- CABEP social media Friend / colleague referral Radio / TV Flyer / poster CABEP event Other

SECTION 5: AVAILABILITY & LOGISTICS

5.1 Preferred mode of diagnosis session

- In-person (at CABEP office) Field visit (at your business premises) Virtual / online Either option works for me

5.2 Preferred Date for Diagnosis Session

5.3 Preferred Time

5.4 Is there any information or documentation you can make available before the session? (e.g. accounts, business plan)

- Business Plan Financial Statements Registration Certificate Tax Documents None available yet Other (specify)

Other — specify: _____

SECTION 6: DECLARATION & CONSENT

I, the undersigned, hereby declare that:

1. All information provided in this form is true, accurate and complete to the best of my knowledge.
2. I consent to CABEP collecting and processing the information provided for the purpose of the Free Enterprise Diagnosis programme.
3. I understand that participation in this programme is free of charge and does not create any financial obligation on either party.
4. I am willing to engage constructively with CABEP's Business Coaches during the diagnosis process.
5. I agree that CABEP may use anonymised, aggregated data from this diagnosis for research and reporting purposes.

Applicant Signature

Date

Printed Full Name: _____



SECTION 7: FOR CABEP OFFICIAL USE ONLY

Application Reference No.

Date Received

Received By (Staff Name)

Assigned Coach

Diagnosis Session Date

Session Mode

Initial Assessment Notes:

Preliminary Scoring (1–10):

Business Area	Score /10	Key Observation
Financial Management		
Marketing & Sales		
Operations & Processes		
Human Resources		
Strategy & Leadership		
Record-Keeping & Compliance		

Overall Recommendation

Priority Level (High / Med / Low)

Supervisor Sign-off

Date