

FOCAL POINT APPLICATION FORM

FOR ORGANISATIONS TO ESTABLISH PARTNERSHIP IN DEVELOPING TRAINING SERVICES FOR SMALL AND MEDIUM ENTERPRISES BASED ON METHODOLOGY OF CONTINUOUS IMPROVEMENT AND BUSINESS PERFORMANCE SOFTWARE BY UNIDO

1. FULL NAME AND ADDRESS OF THE ORGANIZATION

Full name:	
Abbreviated name (IF ANY):	
Full postal address:	
Telephone number(s):	
Fax number:	
e-mails:	
WWW address:	

2. PERSON TO CONTACT IN COLLABORATION

Name:	
Title:	
Address: (If different from section 1)	
E-mail:	
Phone:	

3. YEAR AND PLACE OF ESTABLISHMENT / INCORPORATION

Year:	
Place / country:	
Registration Number	

4. CATEGORY

CHECK ONE BOX ONLY

- Independent Consulting Organization
- Consulting Organization which also undertakes functions performed by contracting firms
- Consulting organization associated or owned by contracting firms or manufacturers
- Industrial association or chamber of commerce
- Business Schools
- Auditing & Consulting Agency
- one of the following University Departments:
 - MANAGEMENT INFORMATION SYSTEMS
 - ECONOMICS
 - FINANCE AND ACCOUNTING
 - INDUSTRIAL DEVELOPMENT
 - MARKETING
 - ENGINEERING AND MANUFACTURING
 - OTHERS (PLEASE SPECIFY _____)

5. TYPE OF ORGANIZATION

CHECK ONE BOX ONLY

- State enterprise
- Public Corporation
- Private Company
- Partnership firm
- Government-sponsored / associated organization
- Joint Venture / Association

6. BRANCH OFFICES

INDICATE WHETHER FIRM / ORGANIZATION HAS BRANCH OFFICES

- Yes (if "YES", list names and addresses in **Annex A**)
- No

7. PARENT, SUBSIDIARY AND AFFILIATE FIRMS

INDICATE WHETHER A PARENT, SUBSIDIARY OR AFFILIATE RELATIONSHIPS EXISTS WITH OTHER FIRMS / ORGANIZATIONS

- Yes (if "YES", list names and addresses in **Annex B**)
- No

8. MEMBERSHIP IN NATIONAL OR INTERNATIONAL ASSOCIATIONS

INDICATE WHETHER YOUR FIRM / ORGANIZATION IS A MEMBER OF NATIONAL OR INTERNATIONAL ASSOCIATIONS

Yes (If "YES", list names and addresses in **Annex C**)
 No

9. PRINCIPALS

LIST NAMES OF PRINCIPALS OF YOUR FIRM / ORGANIZATION IN **ANNEX D**

10. PROFESSIONAL PERSONNEL: FULL-TIME STAFF AND ASSOCIATES

	Trainers / Lecturers	Management Advisers, Economists and Planners	Other Professional Staff	Technical Non-professional staff	Total
Main Office					

11. NAMES AND ADDRESSES OF BANKS

LIST THE NAMES AND ADDRESSES OF YOUR BANKS

NAME OF BANK	ADDRESS

12. PROJECTS AND ASSIGNMENTS COMPLETED FOR MAIN CLIENTS IN LAST FIVE YEARS (OR UNDERWAY)

Descriptions should be successfully comprehensive to reflect your firm's / organizations' contribution for given project / assignment (**Annex E**)

13. PREVIOUS EXPERIENCE IN PROVIDING SERVICES IN BUSINESS MANAGEMENT AND SOFTWARE SUPPORT

Type of consulting services:

Type of projects, facility and activity:

Countries in which work performed:

Working language capability:
(check as many as appropriate)

- Arabic
- Chinese
- English
- French
- Russian
- Spanish
- Others (specify _____)

14. AVAILABILITY OF SUPPORTING FACILITIES FOR TRAINING & SUPPORT

Availability of Conference Room

Yes
 No

If "Yes", for how many persons:

Availability of projector for computer presentations

Yes
 No

Availability of PC's for training support

Yes
 No

If "Yes", total number installed is:

Internet access

Yes
 No

if "Yes" the speed of the line is (KBit/sec):

15. CERTIFICATION BY ORGANIZATION'S PRINCIPAL

I hereby certify that information furnished in this application form for establishing business partnership in application for UNIDO Business Performance Software is accurate and true to the best of my knowledge and belief.

Signature:

Name (printed): Date:

Note: Information provided can be used for company registration in the UNIDO database when sufficient business performance of the focal point is achieved. The information will not be used for commercial or other third party references.

ANNEX A

BRANCH OFFICES (see Section 6)

LIST NAMES AND ADDRESSES (using additional sheets if necessary)

NAME	ADDRESS (include telephone number, telex and cable address)

ANNEX B

PARENT, SUBSIDIARY AND AFFILIATE FIRMS (see Section 7)

LIST NAMES AND ADDRESSES AND SPECIFY RELATIONSHIP (using additional sheets if necessary)

NAME	RELATIONSHIP	ADDRESS (include telephone number, telex and cable address)

ANNEX C

MEMBERSHIP IN NATIONAL OR INTERNATIONAL ASSOCIATIONS (see Section 8)
LIST NAMES AND ADDRESSES

NAME	ADDRESS

ANNEX D

PRINCIPALS (see Section 9)
LIST NAMES AND TITLES OF PRINCIPALS (using additional sheets if necessary)

NAME AND TITLE	ADDRESS

ANNEX E

PROJECTS AND ASSIGNMENTS COMPLETED IN THE LAST 5 YEARS OR CURRENTLY UNDERWAY (see Section 12)

Please give full details in respect of each project / assignment, avoiding brochure references if possible (and using additional sheets if necessary).

ONLY THOSE PROJECTS WHERE THE SERVICES PROVIDED BY YOUR FIRM / ORGANIZATION INVOLVED FEES EXCEEDING \$25,000 AND / OR TEN PROFESSIONAL MAN / MONTH SHOULD BE INCLUDED.

PROJECT / ASSIGNMENT						YOUR SERVICES			NAME AND ADDRESS OF CLIENT (State if confidential)
Project name	Total value (\$ U.S.)	Brief description	Location (Country, city, region)	Duration (Month)	Date of completion	Description	Prof. m/m	Approx. Value (\$ U.S.)	