

# **MICHELIN DEVELOPMENT**

*Expression of  
interest*

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# Part 1 Personal details

## 1 Name and address of applicant

Please complete personal details for all company directors, partners or sole proprietor.

Title	<input type="text"/>	Contact name	<input type="text"/>
Home address	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>	E-mail	<input type="text"/>

Have you been at this address for less than three years?      Yes       No

If you have been at this address for less than three years, please give details of previous addresses below, a credit check will be conducted for financial applications:

Previous address	Duration/Date at this address
Previous address	Duration/Date at this address

**2 Date of birth** \_\_\_\_\_

**3 National Insurance number** \_\_\_\_\_

## 4 Employment status

Self employed	<input type="checkbox"/>	Unemployed -1 Year	<input type="checkbox"/>	Graduate	<input type="checkbox"/>
Employed F/T	<input type="checkbox"/>	Unemployed +1 Year	<input type="checkbox"/>	Redundant	<input type="checkbox"/>
Employed P/T	<input type="checkbox"/>	New Deal	<input type="checkbox"/>	Student	<input type="checkbox"/>
Retired	<input type="checkbox"/>	Homemaker	<input type="checkbox"/>	Carer	<input type="checkbox"/>

# Part 2 Business details

## 1 Name and address

Business name	<input type="text"/>		
Business address	<input type="text"/>		
Postcode	<input type="text"/>		
Business telephone	<input type="text"/>	Business fax	<input type="text"/>
Business mobile	<input type="text"/>	Business e-mail	<input type="text"/>
Business website	<input type="text"/>		

## 2 Business status

Sole trader	<input type="checkbox"/>	Limited company	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>

**3 Number of business partners (if applicable)**

**4 Inland Revenue reference number**

**5 Company registration number (if applicable)**

**6 VAT registration number (if applicable)**

**7 Business start date**

**8 Significant shareholders of the company** (ie holding > 20 per cent of shares)

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## 9 Credit check authorisation

I hereby give authorisation to carry out a credit check on the business and its directors, partners or sole proprietor.

Signatures

**10 Is your business part of a larger group?**

Yes

No

If Yes, please provide address of the main office

**11 Nature of business**

Describe your business activity including product/service details and market

**12 Company accreditations or equivalent**

eg Quality standards ISO 9000/2000

eg Environmental control ISO 14001

eg Investors in People

Other equivalent

**13 Value of annual sales by region**

Local area	£
Rest of world	£
Export	£

**14 Current number of employees by category**

	Male	Female F/T	Male P/T	Female P/T
Directors				
Managerial				
Technical				
Skilled				
Semi-skilled				
Clerical				
Manual				

# Part 3 Support required

## 1 Financial support

1.1 Loan amount requested £ \_\_\_\_\_

### 1.2 Other sources of funding (give details)

### 1.3 Purpose of loan

1.4 Potential benefits ie what difference the loan will make to your business development

### 1.5 Potential job creation

	Current year	Current year +1	Current year +2
Directors			
Managerial			
Technical			
Skilled			
Semi-skilled			
Clerical			
Manual			

## 2 Advice/support

### 2.1 Area of expertise required (please tick)

Design	<input type="checkbox"/>	Health & Safety Management	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	Logistics	<input type="checkbox"/>
Quality Management	<input type="checkbox"/>	Industrial Engineering/Business Improvement	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>	Purchasing	<input type="checkbox"/>
Personnel/Recruitment	<input type="checkbox"/>	Training	<input type="checkbox"/>
Environmental Management	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="text"/>		

### 2.2 Purpose of advice/support

### 2.3 Potential benefits

ie what difference the advice/support will make to your business development

Please return the completed application form to:

**Business Development Manager**  
**Michelin Development Ltd**  
**Baldovie Rd**  
**Dundee**  
**DD4 8UQ**

*Michelin Development – Dundee  
working in association with:*

**Business Gateway**

**Dundee City Council Economic  
Development Unit**

**Royal Bank of Scotland**

**Scottish Enterprise Tayside**