KASIB

A BUSINESS COMMUNITY

Business Partnership Application

For entrepreneurs applying to partner with Kasib. Complete this form and return it to kasib.org1@gmail.com.

SECTION 1 — APPLICANT & BUSINESS

Full legal name

Business name (if any)

Country / City

Stage: New / Early-stage / Established seeking to expand

What the business does

SECTION 2 — THE REQUEST

Amount needed

Realistic timeline to start repaying

Exactly what the money will be used for

Proposed repayment schedule

SECTION 3 — VERIFICATION

Community references (name, relationship, contact)

Existing business records, licenses, or paperwork

SECTION 4 — ACKNOWLEDGEMENT

I understand Kasib's office will verify this application in person before any decision is made.

Signature

Date