**Part I: Company Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name** |  | **Website** |  | |
| **Address** |  | | | |
| **Is your company a local enterprise, with equity of at least 51% Singaporean or PR owned:** | *NOTE: Please attach a copy of the ACRA report with this request sheet upon submission.* | | | |
| **Date of Incorporation** |  | **Size by employees (Current)** | |  |
| **Estimated amount of capital invested in the business if incorporated < 1 year** | S$ | **Annual turnover for last financial year (estimated amount is acceptable)** | | S$ |
| **Industry** |  | | | |
| **Company Profile/**  **Nature of business** |  | | | |
| **Target market for your business** |  | | | |
| **Who are your current competitors** |  | | | |

**Part II: Consent for Collection, Use and Disclosure of Personal Data**

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| --- |
| By submitting this Form, you hereby agree to the collection, use and disclosure of your personal data by Singapore Management University, as represented by its UOB-SMU Asian Enterprise Institute (“**SMU**”), for application and administration purposes of the SME Consulting Programme by UOB-SMU Asian Enterprise Institute (“**Purpose**”). Your personal data will be used for the Purpose, including where necessary or applicable, the disclosure of your personal data to partners or to affiliates of SMU, as the case may be for the Purpose. In this regard, you confirm that the personal data you have provided is complete and accurate.  SMU respects the privacy of individuals and recognizes the importance of the personal data you have entrusted with us and believe that it is our responsibility to properly manage, protect, process, use and disclose your personal data. We will collect, use, disclose and protect your personal data in accordance with the Singapore Personal Data Protection Act 2012.If you would like to find out more about SMU’s Personal Data Protection Statement, please click [here](https://www.smu.edu.sg/personal-data-protection-statement).  You may withdraw your consent for the collection, use and disclosure of your personal data for the Purpose, at any point in time, by sending your request to [uobsmuaei@smu.edu.sg](mailto:uobsmuaei@smu.edu.sg). However, please note that this may affect our administration of the Purpose to you. Your withdrawal will be effective within 30 (thirty) days of such a request |
| **Keep In Touch!**  Please click and check the relevant box(es) below to indicate your preference to receiving educational, promotional, marketing materials or other outreach activities organised by Singapore Management University as represented by the UOB-SMU Asian Enterprise Institute (“**SMU**”).  Iwish to receive marketing communications from SMU via the following channels:  Electronic Mails  Telemarketing via text messages  Telemarketing via voice calls  I ***do not*** wish to receive marketing communications from SMU.  Please note that upon providing your consent to receive marketing communications from SMU, you may withdraw your consent, at any point in time, by sending your request to [uobsmuaei@smu.edu.sg](mailto:uobsmuaei@smu.edu.sg). Upon receipt of your withdrawal request, you will cease receiving any marketing communications from SMU, within 30 (thirty) days of such a request. |

**Part III: Other Information**

|  |  |
| --- | --- |
| **Contact person for this project** | Name:  Designation:  Email:       Mobile: |
| **How do you get to know about this programme?** | Details: |
| **Preliminary project scope**  **(achievable in approximately 16 weeks)** | ***Areas where help is needed / Issues to address:***  *(Please describe issues, impact of issues on the business, areas to look at, etc)*    ***Expected deliverables from Student Consultants:*** |

**Part IV: To be completed by the Institute**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Type** |  | **Level of subsidy** |  |
| **Industry Category** |  | | |
| **Notes on Company/Project** |  | | |
| **Consultant team** | * Project Advisor: * Project Manager: * Student Consultants: | | |
| **Approval by**  **Institute’s Director** |  | **Date of Approval** |  |
| **Remarks (if any)** |  | | |