

APPLICATION FORM | BEST ENTREPRENEUR AWARD

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF SRI LANKA

Title: Dr. Ms. Mr.

Full Name:

First Name: Surname:

Membership No:

Residential Address:

Mobile No: Residential Telephone No: Email:

Name & Address of the Business:

No: of Years of Business / Enterprise Existence as of 31st July 2022:

No: of Employees Employed in the Business / Enterprise:

Provide a brief description of the business, including the nature and size of the business:

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[Note: It is compulsory to state detailed answers for the section below]

1. Describe how your entrepreneurship has contributed to the Sri Lankan economy.

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2. State the recorded growth of your business during the last 5 years & future plans for the next 5 years.

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I acknowledge that the information provided above, is accurate.

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Signature

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Date