

NATIONAL INDUSTRY BRAND EXCELLENCE - 2024

Note: Please read the instruction manual before filling the application

For Office Use Only	Reference No.

Industry Categorization (√)	Small Scale <input style="width: 50px;" type="text"/>	Medium Scale <input style="width: 50px;" type="text"/>	Large Scale <input style="width: 50px;" type="text"/>													
Industry Sector (√)																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	17	18	19	20	21	22	23	24	25							

Province

District

01. Name of the industry (Fill in Block Letters-One Letter in each box)

Telephone No.

Mobile No.

Email Address:

Whatsapp No.

Web site:

02. Address of the Industry (Fill in Block Letters)

03. **Name of the Owner/s (Mr./Mrs./Miss)**

(a)	<input type="text"/>	Phone No.	<input type="text"/>
(b)	<input type="text"/>	Phone No.	<input type="text"/>
(c)	<input type="text"/>	Phone No.	<input type="text"/>

04.

Registration	Year	Registration No.
Business Name		
Brand/Logo		

05. **Brand Logo (Attach the Photo)**

06. **Indicate the Year in which the brand name was introduced to the market**

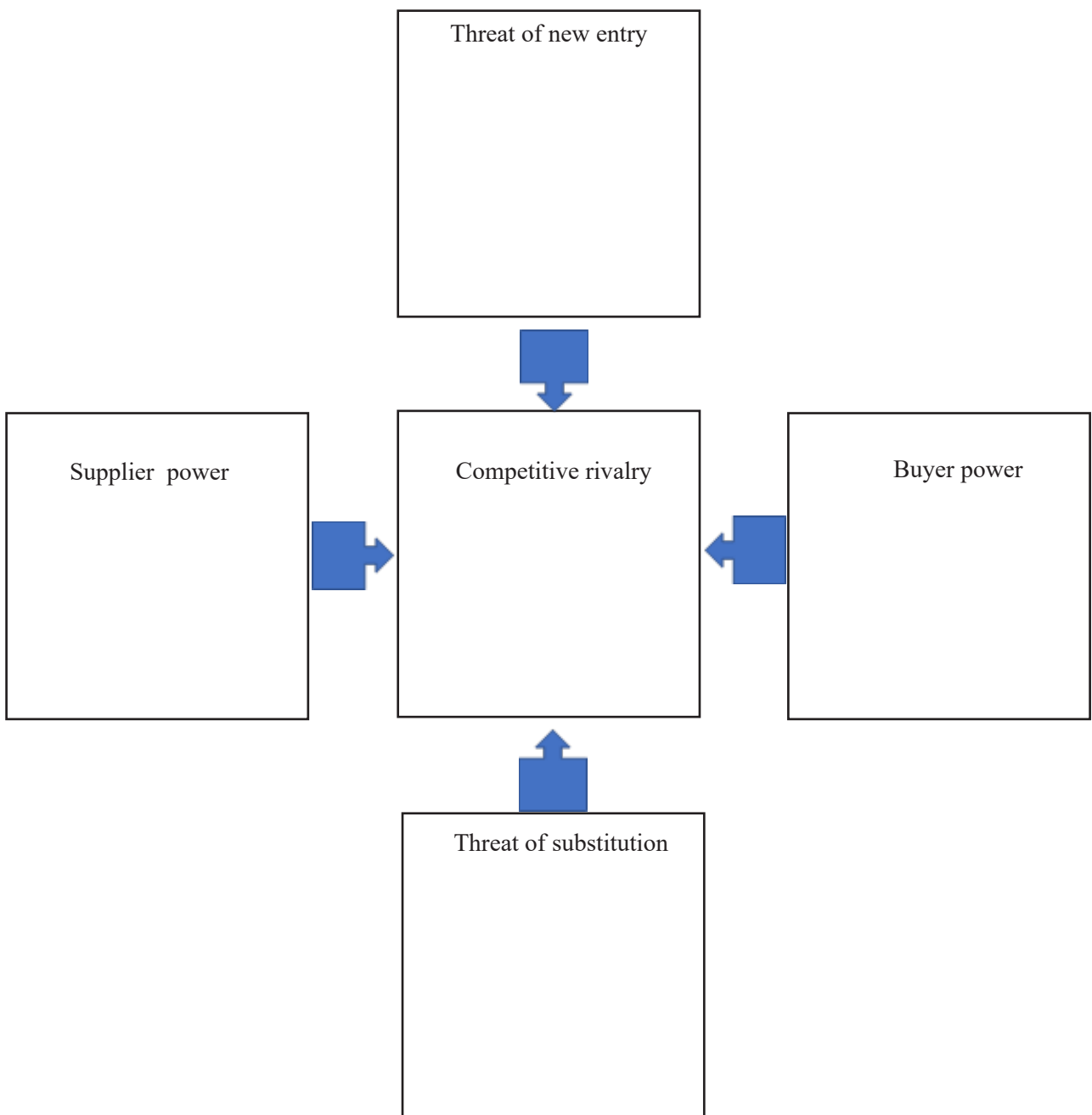
07. **Annual Turnover**

Company turnover	
Brand turnover	

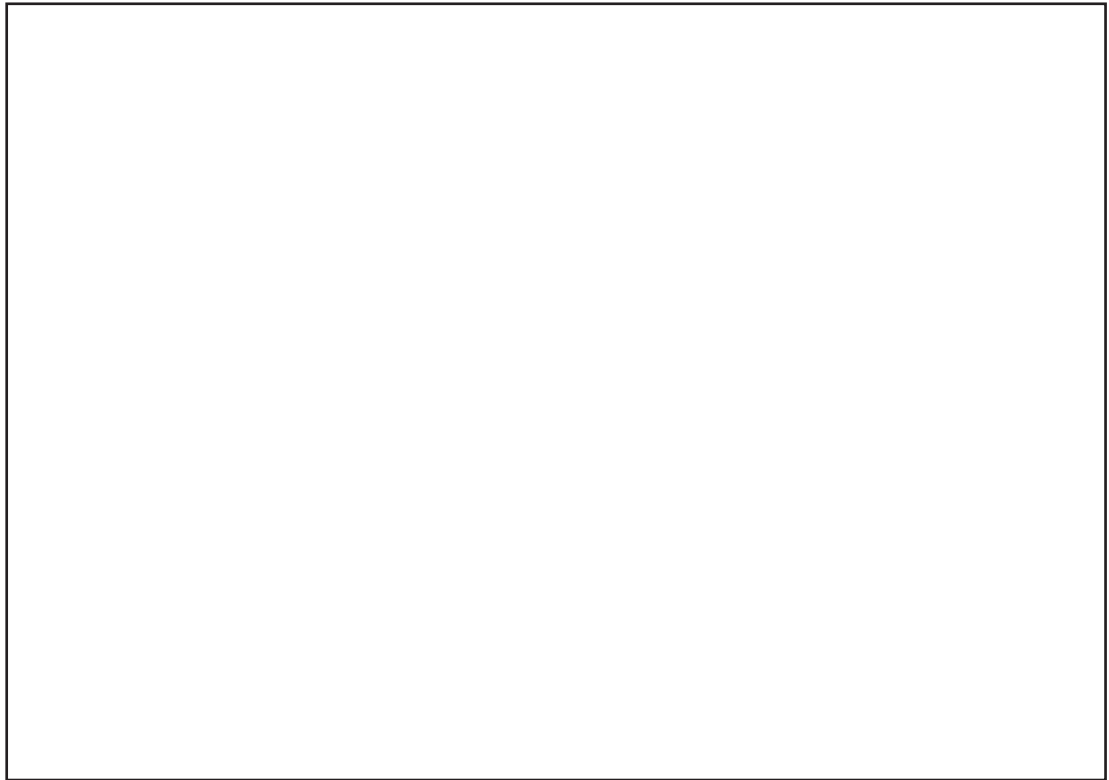
08. **Brand Audit (15%)**

8.1 What business are you in?

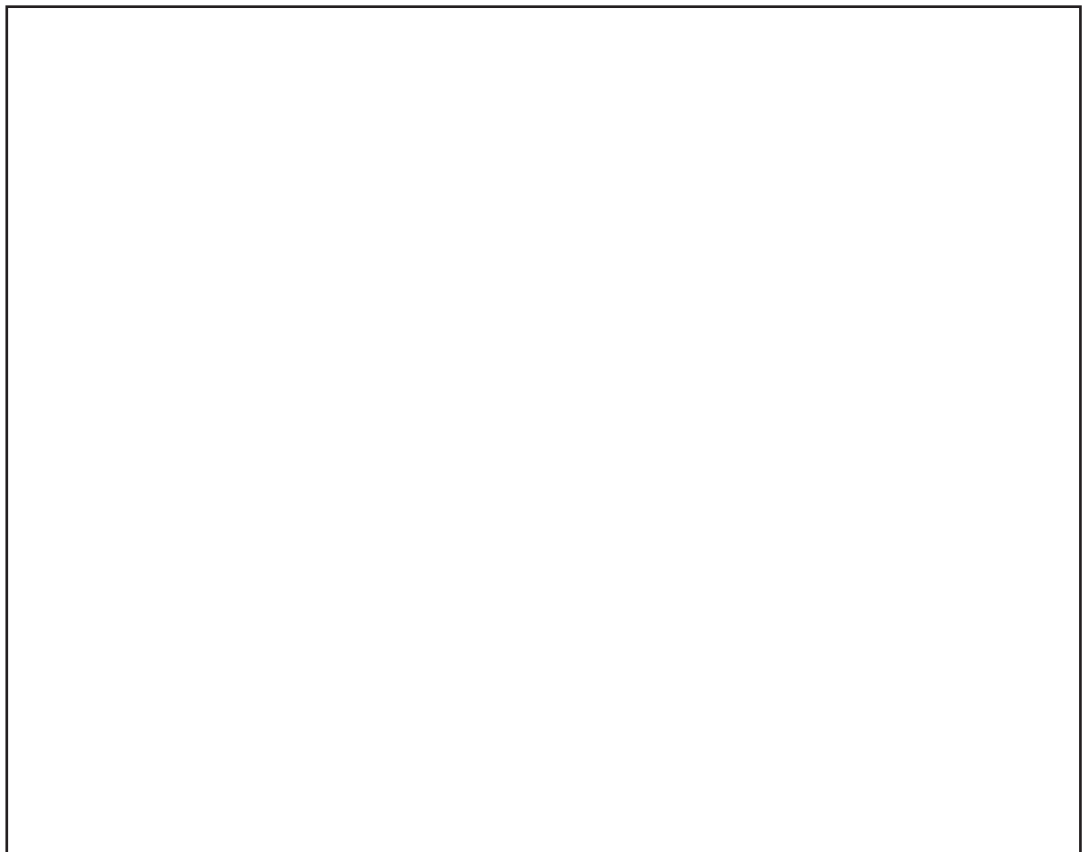
8.2 Using Porter's five forces model, describe the relevant market category, industry and competitive structure that best represent your brand.



8.3 How did you identify a business opportunity? And how did you convert that to a business model?



8.4 Give a brief description of your customers / consumers (primary and secondary) (demographic, geographic, psychographic, and behavioral)



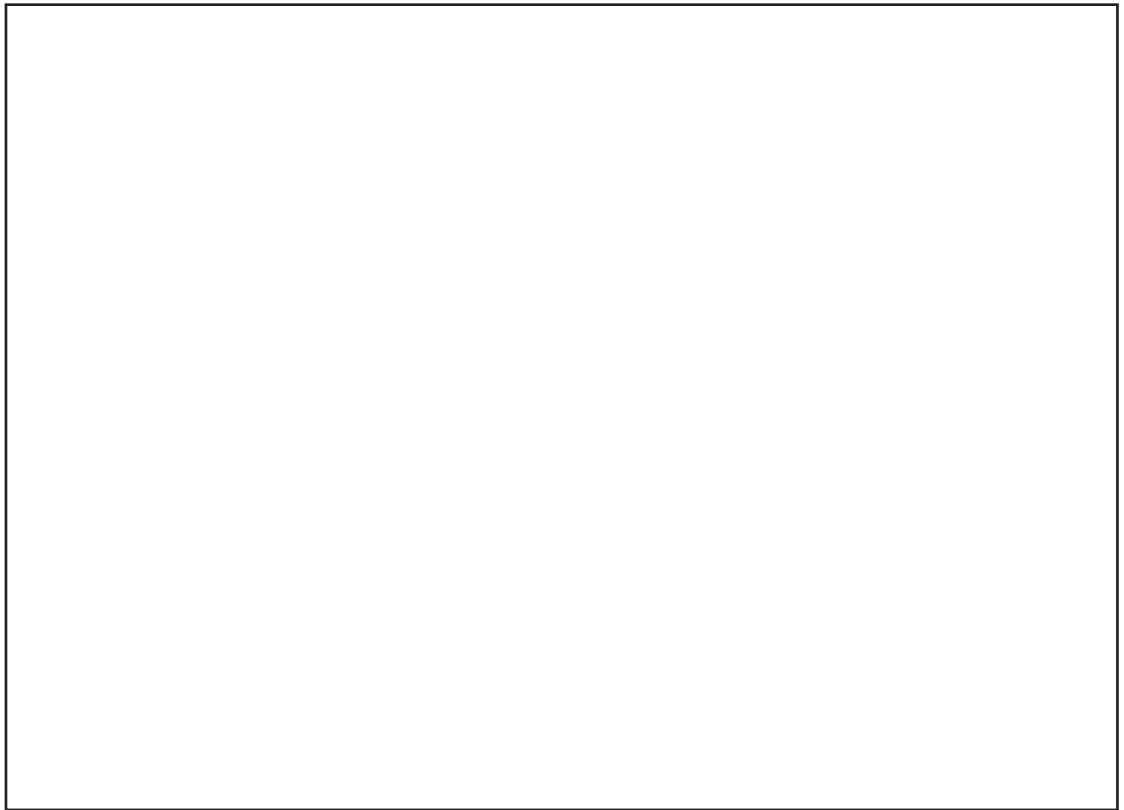
09. **Strategic Positioning (35%)**

9.1 Message that you want to communicate with customers and consumers about your brand? What do you want others to know about your brand? (Brand Promise)

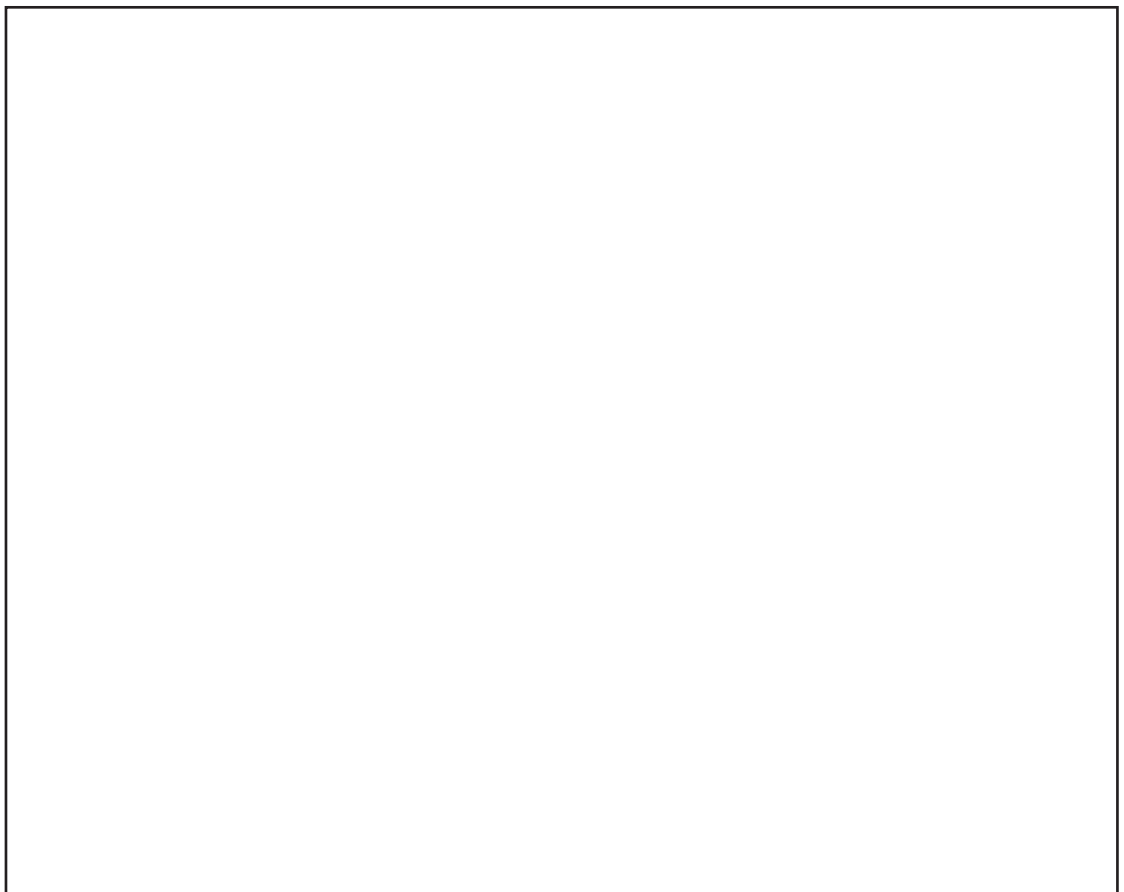
9.2 Brand Vision (What are the brand's long and medium term objectives?)

9.3 Brand Mission (What are the primary initiatives with the objective of achieving brand vision?)

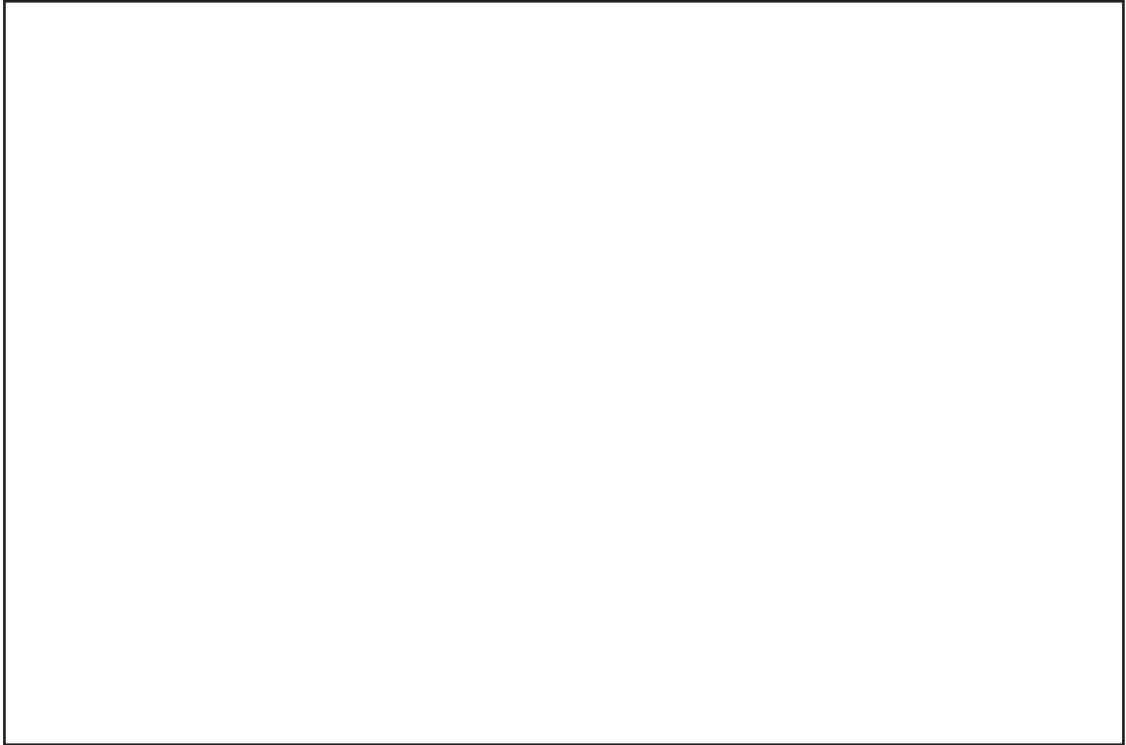
9.4 Reasons why consumers / customers pick your brand over competitors ones

A large, empty rectangular box with a thin black border, intended for handwritten notes or a diagram related to the reasons consumers pick a brand over competitors.

9.5 Brand Positioning Map

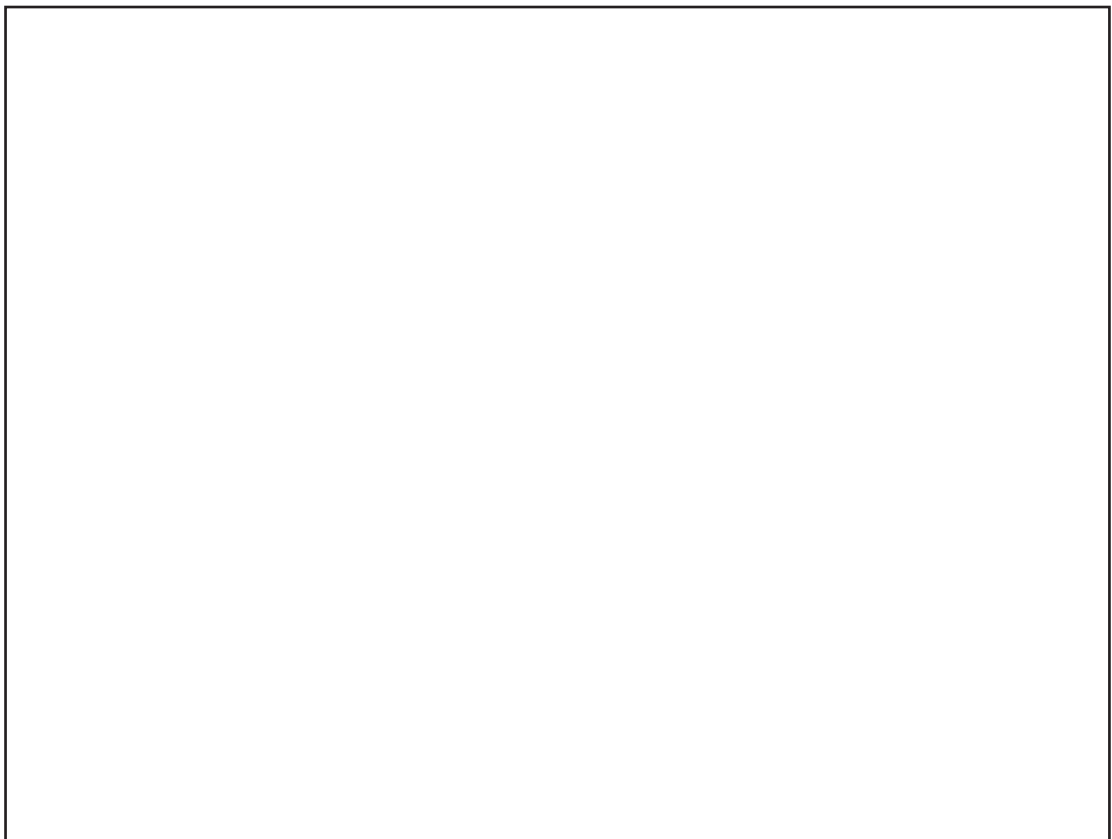
A large, empty rectangular box with a thin black border, intended for a Brand Positioning Map or other strategic diagram.

- 9.6 Evaluate your brand's marketing mix, which consists of product, place, pricing, and promotion.

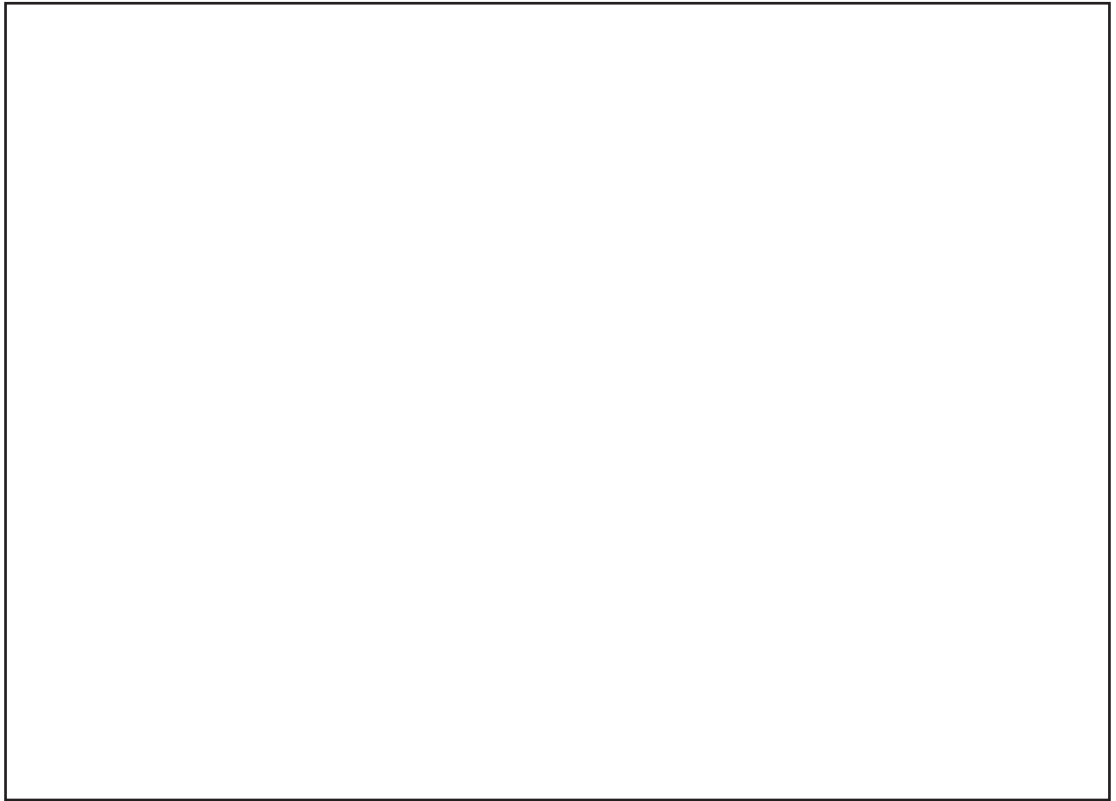


10. Strategic Direction (40%)

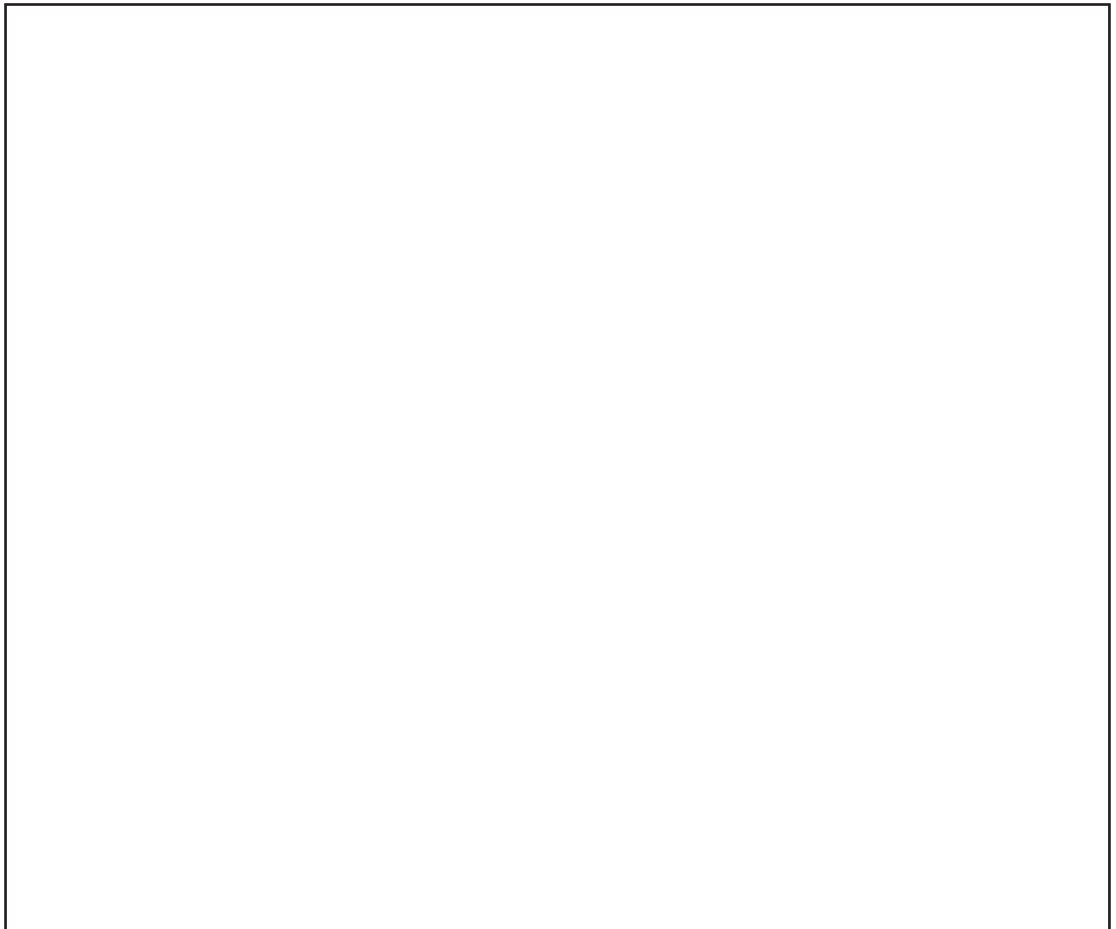
- 10.1 Value Proposition: How can a brand's value proposition be developed so that it is consistent with its vision and brand promise?



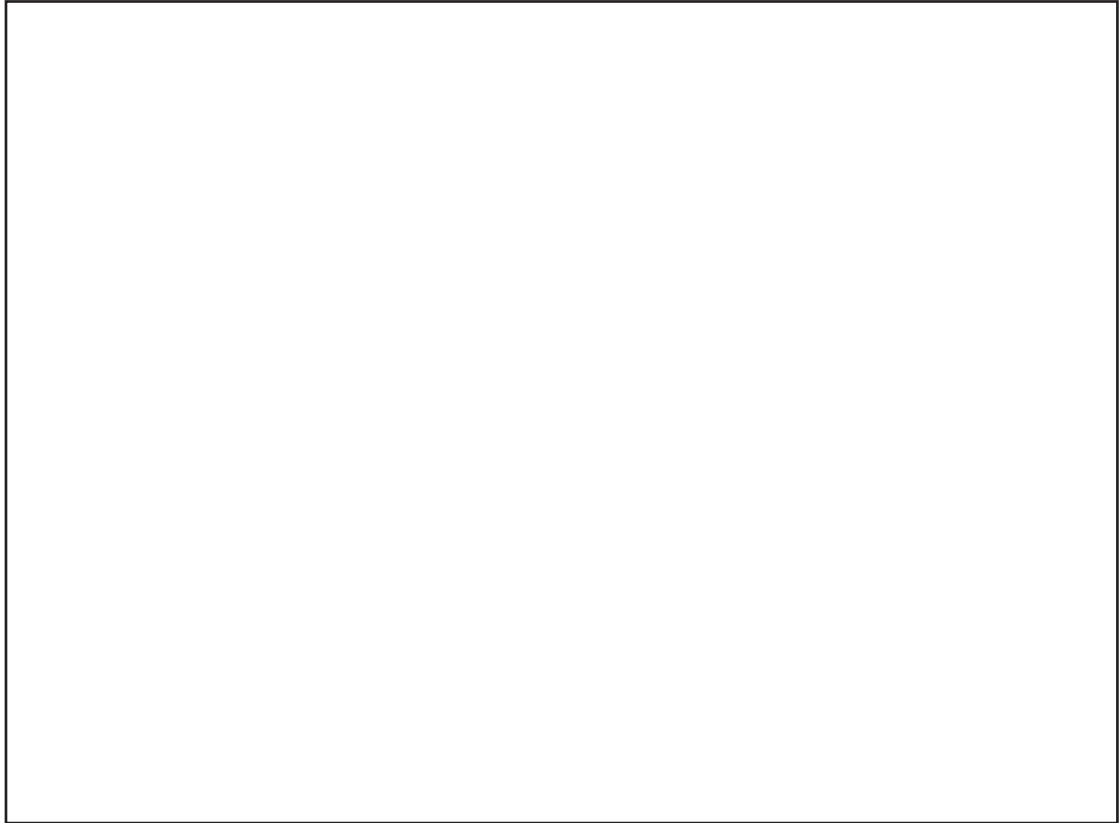
10.2 What are the points of difference between the brand and its competitors?



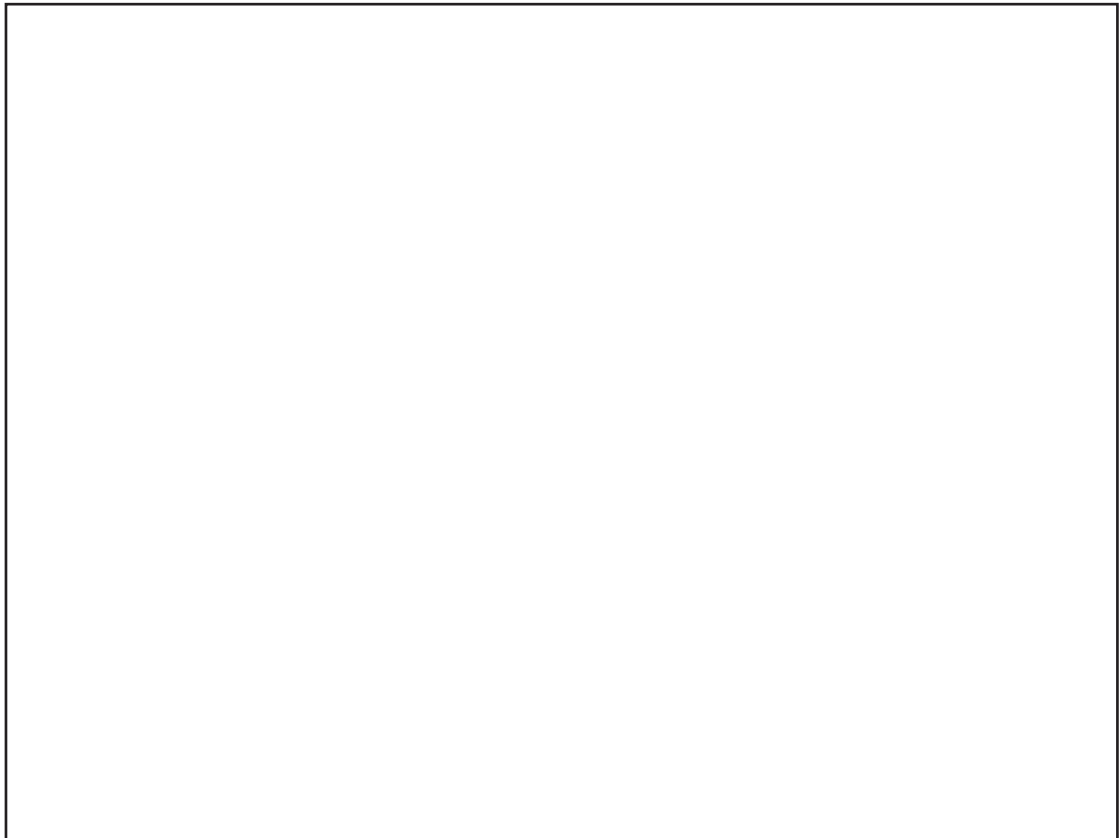
10.3 Describe the brand's value chain analysis.



10.4 How Ansoff Matrix should be applied to your brand over the next five years



10.5 Indicate the consumer insight on your marketing mix. (You may apply details from your customer Feedback forms/Book, Box, Fb Fan pages/letters from your customers etc.)



11. **Brand Performance (10%)**

11.1 Attach the certificates of the achievement of your company

11.2 Brand sale amounts

Amount of sales % local International

No. of countries exported

Sales (Percentage)

Results	2021/2022 (=100)	2022/2023 (Percentage)	2023/2024 or 2023 (Percentage)	Estimated Total Sales Value as of 2024
Volume	100			
Source of Information:				
Comments:				

Net Profit (Percentage)

Results	2021/2022 (=100)	2022/2023 (Percentage)	2023/2024 or 2023 (Percentage)	Estimated Total Net Profit as of 2024
Sales value	100			
Source of Information:				
Comments:				

Applicant's Declaration:

I, the undersigned(full name of the applicant) do hereby declare and affirm that all information herein provided by me are true & correct

Name of the Applicant:

Designation:

Telephone No:

E-mail Address:

Signature of the Applicant:

Date:

Name of the Chief Executive Officer of the Company:

Telephone No:

E-mail Address:

Signature :

Seal:

Date :

Auditor's/Accountant's Verification:

We hereby certify that all information herein furnished in items(Indicate information section numbers) in the application form in respect ofis true and correct to the best of our knowledge, as per the records maintained by the enterprise and made available for scrutiny.

Name of the Auditor/Accountant:

Signature:

Seal:

Telephone No:

Verification of the IDB District Office:

I certify that the above provided information is true & correct according to best of my knowledge

Designation : Provincial Director/Deputy Director/Assistant Director

Signature:

Seal:

Date: