TANK!

Kenya National Chamber of Commerce & Industry

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ELECTION VIOLENCE BUSINESS LOSS PROFILING QUESTIONNAIRE

This Questionnaire is intended to assess the losses incurred by the Business community, particularly Small and Medium Enterprises (SMEs) as a result of the Election Violence, and is to be administered by the Branch officials in collaboration with the District Trade Development Officers and the Local Authorities.

| Branch | |
|-----------|---|
| Town | |
| Name of b | usiness |
| Address | |
| Tel. | Fax |
| | |
| | culars of the business. |
| 2) | Chamber Member |
| а |) Is the business registered? Yes No |
| b | Ownership Sole Partnership Ltd Other (specify) |
| С | Retail/Wholesale Manufacturing Catering Transport Kiosk Juakali Services (specify) Producers |

| b) | Annual turno | over. Ksh | |
|---------|--------------------|---------------------------|----------------------|
| c) | Company B | anker | |
| d) | Debts: - 🗆 | Commercial banks. Ks | sh |
| | | | fy) Ksh |
| | | Trade credits Ksh. | M1.5323301 |
| e) | Business as | sets before disruption of | operations:- |
| | | Trading stocks. Ksh | |
| | | | |
| | | | |
| f) | Insurance o | over:- 🗆 yes 🗆 r | 10 |
| | (If yes speci | ify the types) | |
| | | | |
| | | | 1920 |
| 9) | | | Ksh |
| | Local commerce Ksh | | |
| | Import Ksh | | |
| | Export Ksh. | | |
| h) | Projects in t | the pipeline | |
| | | | Ksh |
| | | | Ksh. |
| | | 20 | Ksh |
| 4) Empl | ovment D | Cacual Jahor # | Monthly wages Ksh |
| 4) Empi | oyment = C | | Monthly salary Ksh |
| | | | Month benefits. Ksh |
| | | ramily benefities. No | MOTOL Deficito. Noti |
| 5) Dama | age caused b | y violence :- displaced | □ yes □ no |
| | | Buildings. Ksh | |
| | | Trade stock. Ksh | |
| | | | |

| Counseling | | | | | |
|------------|------------------------|-------------------------|---------------------------|--|--|
| | | | | | |
| _ | | | | | |
| ther / | Assistance & Source | | | | |
| | | | | | |
| 7) | Have you received any | assistance to red □ Yes | construct your business s | | |
| | If yes, please indicat | e the source of h | elp | | |
| | | | | | |
| Name. | | ID/Passport I | No | | |
| | | | | | |
| Signat | ire | | | | |
| ND | | | | | |
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