



Invest in North West... the heartbeat of trade, investment and economic growth

NORTH WEST DEVELOPMENT CORPORATION (SOC) LIMITED
 (Registration No.1999/002625/07)

Application for a Business Loan

This application is subject to ITC check.

1. For what purpose do you require a loan? Tick V ONE of the following:

To expand your present business Purchase an existing business To establish a new business

Comments: _____

Office Use Only

Micro

Start-Up

General

Bridging

2. Business Particulars

| | | |
|-----------------------------------|--------------|--|
| Business Name: | | |
| Trade Name: | | |
| Type of Business: | | |
| VAT number: | | |
| Registration number: | | |
| Represented by: | | |
| Tel – Business: | | |
| Fax: | | |
| E-mail address: | | |
| Physical Address: | | |
| | <i>Code:</i> | |
| Postal Address: | | |
| | <i>Code:</i> | |
| Other Business commitment: | 1. | |
| | 2. | |
| What type of Commitment: | | |
| Address: | | |
| | | |

3. Members Particulars

| | | |
|---|--------------|--|
| Member 1. | | |
| Title: | | |
| Surname: | | |
| First Name: | | |
| ID Number: | | |
| Mobile Phone No.: | | |
| Alternative Phone No.: | | |
| Tel – Home: | | |
| Tel – Office: | | |
| E-Mail Address | | |
| Physical Address: | | |
| | <i>Code:</i> | |
| How long have you stayed in this address: | | |
| Postal Address: | | |
| | <i>Code:</i> | |
| Work Address: <i>Department/Institution</i> | | |
| Physical Address: | | |
| | <i>Code:</i> | |

Marital Status :

| | | | | | | | | | |
|--------|--|---------|--|-------|--|-----------|--|----------|--|
| Single | | Married | | Widow | | Separated | | Divorced | |
|--------|--|---------|--|-------|--|-----------|--|----------|--|

Married:

| | | | | | |
|-----|--|-----|--|-------|--|
| ANC | | COP | | OTHER | |
|-----|--|-----|--|-------|--|

| | |
|------------------------------|--|
| Spouse Name: | |
| Identity Number: | |
| Number of dependants: | |

| Work History/Employment Details | | |
|--|--------|----------|
| Name and Address of employer: | (Self) | (Spouse) |
| Occupation: | | |
| Employment No. | | |
| Period Employed: | | |
| Salary Per Annum | | |

| | |
|---|--------------|
| Member 2. | |
| Title: | |
| Surname: | |
| First Name: | |
| ID Number: | |
| Mobile Phone No.: | |
| Alternative Phone No.: | |
| Tel – Home: | |
| Tel – Office: | |
| E-Mail Address | |
| Physical Address: | |
| | <i>Code:</i> |
| How long have you stayed in this address: | |
| Postal Address: | |
| | <i>Code:</i> |
| Work Address: <i>Department/Institution</i> | |
| Physical Address: | |
| | <i>Code:</i> |

Marital Status :

| | | | | | | | | | |
|--------|--|---------|--|-------|--|-----------|--|----------|--|
| Single | | Married | | Widow | | Separated | | Divorced | |
|--------|--|---------|--|-------|--|-----------|--|----------|--|

Married:

| | | | | | |
|-----|--|-----|--|-------|--|
| ANC | | COP | | OTHER | |
|-----|--|-----|--|-------|--|

| | |
|------------------------------|--|
| Spouse Name: | |
| Identity Number: | |
| Number of dependants: | |

| Work History/Employment Details | | |
|--|--------|----------|
| Name and Address of employer: | (Self) | (Spouse) |
| Occupation: | | |
| Employment No. | | |
| Period Employed: | | |
| Salary Per Annum | | |

| | | |
|---|--------------|--|
| Member 3. | | |
| Title: | | |
| Surname: | | |
| First Name: | | |
| ID Number: | | |
| Mobile Phone No.: | | |
| Alternative Phone No.: | | |
| Tel – Home: | | |
| Tel – Office: | | |
| E-Mail Address | | |
| Physical Address: | | |
| | <i>Code:</i> | |
| How long have you stayed in this address: | | |
| Postal Address: | | |
| | <i>Code:</i> | |
| Work Address: <i>Department/Institution</i> | | |
| Physical Address: | | |
| | | |

Marital Status :

| | | | | | | | | | |
|--------|--|---------|--|-------|--|-----------|--|----------|--|
| Single | | Married | | Widow | | Separated | | Divorced | |
|--------|--|---------|--|-------|--|-----------|--|----------|--|

Married:

| | | | | | |
|-----|--|-----|--|-------|--|
| ANC | | COP | | OTHER | |
|-----|--|-----|--|-------|--|

| | |
|------------------------------|--|
| Spouse Name: | |
| Identity Number: | |
| Number of dependants: | |

| Work History/Employment Details | | |
|--|--------|----------|
| Name and Address of employer: | (Self) | (Spouse) |
| Occupation: | | |
| Employment No. | | |
| Period Employed: | | |
| Salary Per Annum | | |

4. Business Banking Details

| | |
|-----------------|--|
| Name of Bank; | |
| Branch Name: | |
| Account Number: | |
| Account Type: | |
| Account Holder: | |
| Bank Code: | |

5. FINANCIAL COMMITMENT OF THE BUSINESS

5.1 Previous NWDC Loan: Yes No

| Date of Loan | Account number | Balance owed | Payments Arrangements |
|--------------|----------------|--------------|-----------------------|
| | | | |
| | | | |

5.2 Current financial commitments

| Institution | Account number | Monthly Instalment | Contact details | Balance owing |
|-------------|----------------|--------------------|-----------------|---------------|
| | | | | |
| | | | | |
| | | | | |

5.3 Investments

| Type | Account No: | Financial Institution | Value of Investment | Maturity date |
|------|-------------|-----------------------|---------------------|---------------|
| | | | | |
| | | | | |

6. Credit profile

| | |
|-------------------------------------|--|
| Civil court judgements: | |
| Criminal judgments: | |
| Unresolved debts | |
| Ever insolvent/liquidated and when? | |

7. On whose land is the business to be situated/ ONE of the following:

Deed of Grant Agreement to Lease Tribal Lease Permission to Occupy

If a lease owner's name _____

8.1 Lease Start Date _____ Length _____ Rent p.a _____

8.2 Utilities? Tick those available:

Water Electricity Paved Roads

8. The Management and Staffing

Who is to be the Manager of the Business? _____

Is your Wife/Husband to be employed in the Business? No Yes

Will any of your Children or close relatives be employed? No Yes

If "yes", How many? _____

Including the Manager, how many Staff do you expect to employ/Retail? _____

| | | | | | | | | | |
|--------------------|-------|-------|--------|--------|-------|--------|----------|-------|--------|
| Total Job Creation | Black | White | Others | Black | White | Others | Black | White | Others |
| | Male | | | Female | | | Disabled | | |

9. DECLARATION

I declare that the information furnished in this Application for Financial Assistance is, to the best of my knowledge, true.

1) Applicant's full names _____

Applicant's Signature _____ **Date** _____

2) Applicant's full names _____

Applicant's Signature _____ **Date** _____

3) Applicant's full names _____

Applicant's Signature _____ **Date** _____

FOR OFFICE USE ONLY

10. Source & Application of Funds

| | | |
|---|---|--|
| 10.1. Amount Required In words | | |
| | | |
| | R | |

10.2 Enter the figures in the table : Assets

| DESCRIPTION | OWN CONTRIBUTION | NWDC | OTHER | TOTAL | % |
|--|------------------|----------|----------|----------|---|
| Land & Buildings | | | | | |
| Furniture, Equipment, Fittings & Machinery | | | | | |
| Debtors/Creditors | | | | | |
| Stock | | | | | |
| Start –Up Costs | | | | | |
| Total | % | % | % | % | |

Prepared by _____ **Date** _____
SMME's Fund Administrator

Recommendation by _____ **Date** _____
Technical Committee

Decision **Approved/Rejection** **Approved** **Rejected**

Investment Committee

Comment _____

