



NORTH WEST DEVELOPMENT CORPORATION (SOC) LIMITED
(Registration No.1999/002625/30)

Application for a Business Loan

This application is subject to ITC check.

1. For what purpose do you require a loan? Tick ✓ 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	
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Married:

ANC		COP		OTHER	
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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	
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Married:

ANC		CO P		OTHER	
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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	
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Married:

ANC		CO P		OTHER	
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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	Male			Female			Disabled		
	Black	White	Others	Black	White	Others	Black	White	Others

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**
Investment Committee

<i>Approved</i>		<i>Rejected</i>	
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Comment _____

