



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:	
	Code:
Postal Address:	
	Code:
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:	
	Code: <input type="text"/>
How long have you stayed in this address:	
Postal Address:	
	Code: <input type="text"/>
Work Address:	
<i>Department/Institution</i>	
Physical Address:	
	Code: <input type="text"/>

Marital Status :

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
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Married:

ANC	<input type="checkbox"/>	COP	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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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:	
	Code: <input type="text"/>
How long have you stayed in this address:	
Postal Address:	
	Code: <input type="text"/>
Work Address:	
<i>Department/Institution</i>	
Physical Address:	
	Code: <input type="text"/>

Marital Status :

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
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Married:

ANC	<input type="checkbox"/>	CO P	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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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? _____

	Male	Female	Disabled
1. Age	18-24: 15% 25-34: 25% 35-44: 20% 45-54: 15% 55-64: 10% 65+: 15%	18-24: 10% 25-34: 20% 35-44: 25% 45-54: 15% 55-64: 10% 65+: 20%	18-24: 5% 25-34: 15% 35-44: 20% 45-54: 15% 55-64: 10% 65+: 35%
2. Ethnicity	White: 60% Black: 20% Hispanic: 15% Asian: 5% Other: 0%	White: 55% Black: 25% Hispanic: 10% Asian: 10% Other: 0%	White: 40% Black: 30% Hispanic: 15% Asian: 10% Other: 5%
3. Income	<\$10k: 10% \$10k-\$20k: 25% \$20k-\$30k: 30% \$30k-\$40k: 20% \$40k-\$50k: 10% \$50k+: 5%	<\$10k: 15% \$10k-\$20k: 20% \$20k-\$30k: 25% \$30k-\$40k: 20% \$40k-\$50k: 10% \$50k+: 10%	<\$10k: 30% \$10k-\$20k: 25% \$20k-\$30k: 20% \$30k-\$40k: 15% \$40k-\$50k: 5% \$50k+: 5%
4. Education	High School: 40% Bachelor's: 35% Master's: 15% PhD: 5% Other: 5%	High School: 35% Bachelor's: 40% Master's: 15% PhD: 5% Other: 5%	High School: 50% Bachelor's: 30% Master's: 10% PhD: 5% Other: 0%
5. Marital Status	Single: 30% Married: 45% Divorced: 15% Widowed: 10%	Single: 25% Married: 50% Divorced: 15% Widowed: 10%	Single: 40% Married: 35% Divorced: 15% Widowed: 10%
6. Religion	Christian: 60% Jewish: 5% Muslim: 5% Hindu: 5% Other: 25%	Christian: 55% Jewish: 5% Muslim: 5% Hindu: 5% Other: 30%	Christian: 45% Jewish: 5% Muslim: 5% Hindu: 5% Other: 40%
7. Occupation	Student: 10% Teacher: 15% Engineer: 10% Doctor: 5% Lawyer: 5% Other: 55%	Student: 5% Teacher: 10% Engineer: 10% Doctor: 10% Lawyer: 10% Other: 50%	Student: 5% Teacher: 5% Engineer: 5% Doctor: 5% Lawyer: 5% Other: 60%
8. Health Status	Good: 70% Fair: 20% Poor: 10%	Good: 65% Fair: 25% Poor: 10%	Good: 50% Fair: 30% Poor: 20%
9. Living Situation	Single: 40% Couple: 35% Family: 15% Other: 10%	Single: 35% Couple: 40% Family: 15% Other: 10%	Single: 50% Couple: 30% Family: 10% Other: 10%
10. Interests	Sports: 30% Reading: 20% Travel: 15% Gardening: 10% Other: 25%	Sports: 25% Reading: 25% Travel: 15% Gardening: 10% Other: 25%	Sports: 15% Reading: 20% Travel: 10% Gardening: 10% Other: 45%

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 <i>Investment Committee</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Approved</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Rejected</div>	
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Comment _____

