

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 loar	n? Tick √ ONE of the following:		
	<u> </u>		Office Use Only
To expand your present business Purchas	se an existing businessTo establish a new bus	siness	Micro
Comments:			Start-Up
			General
			Bridging
2. Business Particulars			
		L	
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:			
How long have you stayed in						
this address:						
Postal Address:						
			Control			
Marie Address			Code:			
Work Address: Department/Institution						
Physical Address:						
Trysical Addition			Code:			
Marital Status : Single Married Widow Separated Divorced						
Married:						
ANC	OTHER					
ANC COP	OTHER					
	OTHER					
Spouse Name:	OTHER					
	OTHER					
Spouse Name:	OTHER					
Spouse Name: Identity Number:	OTHER					
Spouse Name: Identity Number:						
Spouse Name: Identity Number: Number of dependants:	ls	(Self)	(Spouse)			
Spouse Name: Identity Number: Number of dependants: Work History/Employment Detail	ls	(Self)	(Spouse)			
Spouse Name: Identity Number: Number of dependants: Work History/Employment Detail Name and Address of employer	ls	(Self)	(Spouse)			
Spouse Name: Identity Number: Number of dependants: Work History/Employment Detail Name and Address of employed Occupation:	ls	(Self)	(Spouse)			
Spouse Name: Identity Number: Number of dependants: Work History/Employment Detail Name and Address of employed Occupation: Employment No.	ls	(Self)	(Spouse)			

Member 2.		
Title:		
Surname:		
First Name:		
ID Number:		
Mobile Phone No.:		
Alternative Phone No.:		
Tel – Home:		
Tel – Office:		
E-Mail Address		
Physical Address:		
ŀ		Code:
How long have you stayed in this		couc.
address:		
Postal Address:		
		1
		Code:
Work Address:		
Department/Institution		
Physical Address:		Codo
		Code:
Marital Status :		
Single Married Wid	low Separated	Divorced
Married:		
Marriea:		
ANC COP O	THER	
Spouse Name:		
Identity Number:		
Number of dependants:		
Work History/Employment Details		
Name and Address of employer:	(Self)	(Spouse)
Occupation:	,	
occupation.		
Employment No.		
Period Employed:		
renou Employeu.		
Salary Per Annum		
		1

Member 3.				
Title:				
Surname:				
First Name:				
ID Number:				
Mobile Phone No.:				
Alternative Phone No.:				
Tel – Home:				
Tel – Office:				
E-Mail Address				
Physical Address:				
	Code	e:		
How long have you stayed in this address:			·	
Postal Address:				
	Code	e:		
Work Address:	Cour	c.		
Department/Institution				
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.				
Employment No. Period Employed:				

4. Business Banki	ing C	Details							
Name of Bank;									
Branch Name:			T						
Account Number:									
Account Type:									
Account Holder:									
Bank Code:									
5. FINANCIAL CON	/MI	MENT OF THE	BU	SINESS					
5.1 Previous NWD	C Lo	an:	Ye	es No					
Date of Loan		Account number	r	Balance owed		Payments Arrangements			
5.2 Current finance	ial c	ommitments							
Institution		Account number	r	Monthly Instalment	Co	ntact details	Bala	ince owing	
5.3 Investments									
Туре	Acc	count No:	Fi	inancial		/alue of	M	Maturity date	
			In	Institution I		nvestment			
					+				
	l								
6. Credit profile									
Civil court judgements:									
Criminal judgments:									
Unresolved debts									
Ever insolvent/liquida	ated a	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 V those available:
Water Electricity /ed 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 SignatureDate
2) Applicant's full names
Applicant's SignatureDate
3) Applicant's full names
Applicant's SignatureDate

FOR OFFICE USE ONLY

10. Source & Application of Funds

10.1. Amount Require	d				
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 Administra	tor			

Prepared by	,	SMME's Fund Administrator	Dat	te	
Recommend	lation by	 Technical Committee	Date_		-
Decision		ved/Rejection nent Committee	Approved	Rejected	
Comment					