

# COMPANY/GROUP LOAN APPLICATION FORM



## 1. Company/Group Details

Company Name		Company no:	
Type of Business		Date of Incorporation:	
Business Location			
Business Status (tick the correct)	Start-up: <input type="checkbox"/>	Existing: <input type="checkbox"/>	
Loan Amount (BWP)			
Is the business LEA registered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Registration number: <input type="text"/>

## 2. Personal Details

Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Other <input type="checkbox"/>
Surname					
Other Names					
Omang No:					
Date of Birth:					
Contacts:	Cell Phone: <input type="text"/>	Telephone: <input type="text"/>			
Email Address:					
Marital Status: (Tick the correct)	Married: <input type="checkbox"/>	Single: <input type="checkbox"/>	Divorced: <input type="checkbox"/>	Widow: <input type="checkbox"/>	
Marriage Regime	In Community: <input type="checkbox"/>	Out of Community: <input type="checkbox"/>			
Disability	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>			
Postal Address:					
Physical Address					
Home Village Details	District: <input type="text"/>	Village: <input type="text"/>			
	Ward: <input type="text"/>	Constituency: <input type="text"/>			
Are you employed? (Tick the correct)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes	Name of employer: <input type="text"/>				
	Contact Details: <input type="text"/>	Salary (per month): <input type="text"/>			

## 3. Company Shareholders

Name (in full)	Date of Birth	Nationality	Omang Number	Position	% Shareholding
					100%

**4. Next of Kin Details**

Name:		Name:
Relationship:		Relationship:
Omang No:		Omang No:
Postal Address		Postal Address
Physical Address		Physical Address
Cell Phone No:		Cell Phone No:

**5. Project Description:**

(Give a brief description of the project and how you conduct business operations and where do you see new business opportunities)

	Actuals	Projections
1. State business monthly sales		
2. State business monthly costs		
3. State business expenses		
4. State business profit		

**6. Loan Facility Details****Loan breakdown (Stock, Tools/ equipment, packaging material, transport etc)**

Items/ Description	Quantities	Total Loan Amount

**7. Commercial Bankers/ Mobile Wallet Details**

Bank Name		Branch
Account Number		
Account type (savings/ current, Business etc.)		
Telephone		
Mobile Wallet Provider		Mobile Wallet Number

**8. Have you ever benefited from any other Government Funding/ Grant (YES/ NO)**

IF YES (Explain)