



APPLICATION FORM DETAILS

NOTE: You are required to complete this form. You have the choice of producing your business plan using the General Guide or to complete the Business Plan Form, both of which are in this pack.

1. PERSONAL DETAILS

Title	Mr.	Mrs.	Miss.	Dr.	Other (State title)
Surname					
Other Names:					
ID/Omang No.					
Date of Birth					
Marital status	Married: ☐	Single: ☐	Divorced: ☐		
Postal Address					
Physical Address					
How long have you been at this address?					
Facsimile ☐	General ☐	Telephone ☐	Cell Phone ☐		
E-mail					
Name and Address of Employer					
Your title					
Salary per month	P				
Training and Experience					
Project Description:					
(Give a brief description of the project)					
Is this the first time you have applied for Government Assistance (FAP, MBF, and CEDA)?	Yes [] No []				
How much are you applying for?	P				

2. CORPORATE DETAILS (if a company)

Name of Company	
Date of Incorporation	
Nature of Business	

Shareholders

Name (in full)	Date of Birth	Nationality	Omang No.	Position	% Shareholding
					100%

Total Authorized Share Capital:

Total Issued Share Capital:

3. REFERENCE

Name		Name
Postal Address		Postal Address
Phone		Phone
Facsimile		Facsimile
Cell phone		Cell phone

Please provide 2 references that may be contacted (trade references are preferred)

Commercial Bankers

Bank Name		Branch
Account Number		
Address		
Telephone		Facsimile
Accountants/Auditors		
Company Name		
Contact Person		
Address		
Telephone		Facsimile

Alternative Contact Details (Next of kin not living with you)

Name		Name	
Relationship		Relationship	
Omang		Omang	
Postal Address		Postal Address	
Physical Address		Physical Address	
Phone		Phone	
Cell phone		Cell phone	

4. FINANCIAL DETAILS

Personal (if applicant is not a company)

Do you currently have any loans from another Financial Institution? Yes ☐ No ☐

Financial Institution Name	Account Number	Loan Amount	Repayment Amount	Repayment Period	Amount Outstanding

What other loans have you had in the past?

Financial Institution Name	Account Number	Loan Amount	Repayment Amount	Repayment Period	Amount Outstanding

Does the company currently have any loans from another Financial Institution? Yes ☐ No ☐

Financial Institution Name	Account Number	Loan Amount	Repayment Amount	Repayment Period	Amount Outstanding

What other loans has the company had in the past?

Financial Institution Name	Account Number	Loan Amount	Repayment Amount	Repayment Period	Amount Outstanding

SECTION 5: DATA PRIVACY NOTE

CEDA collects your personal data (directly from you or via third parties like credit bureaus) to provide financial services, verify your identity, assess risk, communicate with you, and meet legal obligations.

Your data is:

- Used only for the purposes it was collected for
- Retained if legally or operationally necessary
- Shared with third-party providers under strict contractual protections
- Transferred internationally only where equivalent data protection standards apply

Under the Botswana Data Protection Act 2024, you have the right to **access, correct, or delete** your personal data by contacting:
dataprotection@ceda.co.bw

By submitting the form, you **consent** to this data use and may **withdraw consent** at any time, subject to any overriding legal or contractual obligations.

SECTION 6: DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case the above information is found to be false, untrue, misleading, or misrepresenting, I am aware that I may be held liable for it.

Full Name: _____

Date: D D M M Y Y Signature: _____

Name of Customer Advisor: _____

Date: D D M M Y Y Signature: _____
