



PROJECT PREPARATION FUND (PPF)

APPLICATION FORM & CONCEPT NOTE

1. APPLICANT PERSONAL DETAILS

Title	Mr.	Mrs.	Miss.	Dr.	Other.
Surname			Name:		
Gender	Female:		Male:		
ID/Omang No.					
Date of Birth					
Contacts	Mobile #:			Email:	
Marital status	Married: <input type="checkbox"/>	Single: <input type="checkbox"/>	Divorced: <input type="checkbox"/>	Widowed: <input type="checkbox"/>	
Marriage regime	In Community: <input type="checkbox"/>			Out Of Community: <input type="checkbox"/>	
Spouse Details	Surname:			First Name:	
	Middle name:		Nationality:	Mobile #:	
Applicant Employment Status	Employed: <input type="checkbox"/>		Unemployed: <input type="checkbox"/>	Self-employed: <input type="checkbox"/>	
Postal address					
Physical Address					
Interest Group	Youth: <input type="checkbox"/>	Women: <input type="checkbox"/>	People with Disabilities: <input type="checkbox"/>		

2. CONTACT DETAILS (NEXT OF KIN)

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

3. COMPANY DETAILS

Business name		Company No:
Date of Incorporation		
Start date of Operation		
Contact person		Tel:
Nature of Business		
Business Location		

4. BUSINESS DETAILS

Ownership Type	Individual <input type="checkbox"/>	Company <input type="checkbox"/>	Co-operatives <input type="checkbox"/>	Clusters <input type="checkbox"/>
Physical Address				
(Location of Business)	(Plot number)	(Street name)/(ward)	(city/town/village)	
	(telephone)	(facsimile)	(email)	
Details of Applicant				
	(Business Representative)		(Designation)	
	Omang Number:			

5. PROPOSED LOAN FACILITY DETAILS

Total Grant amount applied for in BWP:	Amount in words:
Applicant's contribution in BWP:	Amount in words:
PURPOSE	AMOUNT
Total:	

6. APPLICANT BANKING DETAILS

Banker's name:	Account No.:	Duration with Bank:

7. EXISTING GRANTS / LOANS WITH OTHER INSTITUTIONS

Financial Institution	Purpose	Amount Approved	Repayment Amount	Year Approved	Repayment Period

8. SHAREHOLDERS DETAILS

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

9. REFERENCE (APPLICABLE TO FULL TIME FARMERS)

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

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

10. ACCOUNTANTS/AUDITOR (APPLICABLE TO FULL TIME FARMERS)

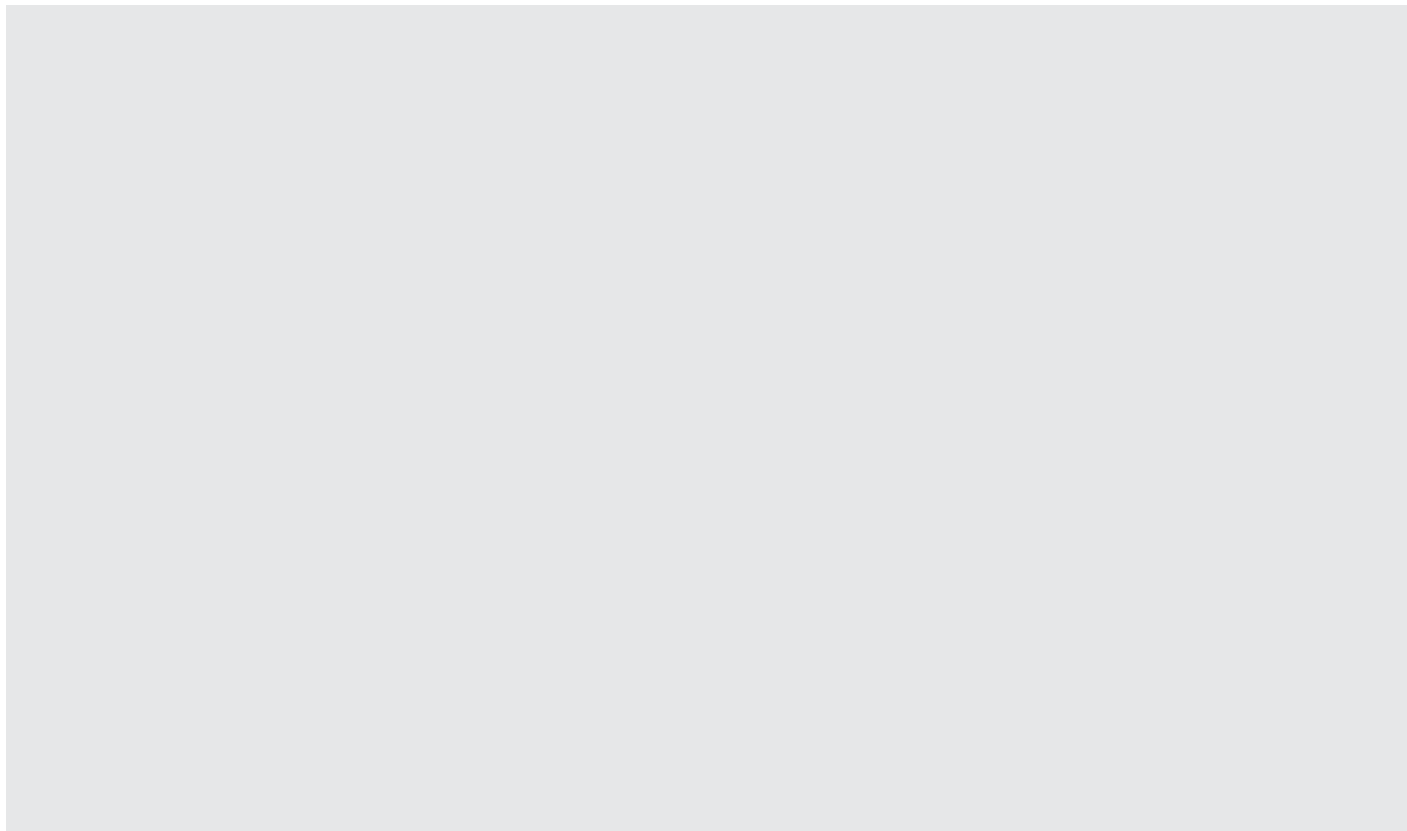
Company Name			
Contact Person			
Address			
Telephone		Facsimile	

11. SECRETARY (APPLICABLE TO FULL TIME FARMERS)

Company Name			
Contact Person			
Address			
Telephone		Facsimile	

CONCEPT NOTE PLAN ATTACHED

If a concept note plan is attached, it should contain at least all of the information requested in this form. You do not have to fill in this form if you are attaching a Concept note plan. The higher the quality of the concept note the easier it is to assess the concept of your project – give as much information!



12. BACKGROUND/ PROBLEM STATEMENT

Describe the problem, what is the main problem this project seeks to address?

13. PROJECT LOCATION

Give the location and plot number, where applicable, of the project. In the case where the project is going to lease premises, provide the lease agreement.

14. PURPOSE OF THE PROJECT / RATIONALE

What gap or need does it fill?

15. PROJECT OBJECTIVES,

List the objectives of the project

16. PROJECT ACTIVITIES

Upon financing the project after being funded for project preparation activities, describe the following project activities

What are the key activities?	
What methods or approaches will you use?	
What resources or materials will be required?	
Who will be responsible for carrying out activities?	
What is the timeline for each activity?	

17. FINANCING PLAN

After project preparation activities, indicate the project activities that you will seek funding for.

18. PROPOSED LOAN FACILITY DETAILS

Amount Applied for BWP	Amount in Words
Purpose	Amount (BWP)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
Total	

19. OWNERSHIP AND MANAGEMENT

Management Team

Who will manage the business? Indicate their suitability to do so (e.g., experience in this kind of business or in this sector).

Name	Experience

20. PRODUCTION PROCESS

Give a clear production process from raw material stage to finished goods. How will you produce the goods you want to sell?

21. MARKET

Who will you sell your services or product to?

22. PRICING

What price will you sell your product or service for?

How much profit do you make on each sale? (i.e. selling price less cost price)

23. SWOT ANALYSIS

Promoters are required to give a summary of the strengths, weaknesses, opportunities and threats of the project. Strengths and weaknesses are internal to the company while opportunities and threats are external to the company.

What is my business going to do better than my competitors?	
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What is strong in my business?	
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What is weak in my business?	
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Where else can I increase my sales?	
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What can hurt my business?	
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24. DATA PRIVACY NOTE

The information collected in this Application form is required to enable the Agency to comply with applicable statutory requirements such as FIA Act and Anti-Money Laundering (AML) obligations. All personal data provided will be used solely for the intended purpose for customer identification, verification, risk assessment and ongoing regulatory compliance.

We are committed to protecting your privacy and information will be handled confidentially, stored securely in accordance with relevant Data Protection Act and Agency's internal data security policies. By submitting this form, you acknowledge that you understand the purpose for which your data is being collected and consent to its use as described in this note.



CEDA NETWORK

GABORONE BRANCH

Physical Address

Prime Plaza, Plot 54358, Corner PG
Matante Road & Khama Crescent Ext, CBD

Postal Address

Private Bag 00504, Gaborone, Botswana
T : +267 3170895, F : +267 3170896

KANYE BRANCH

Physical Address

Maswabi Complex, Plot. No. 1264,
Sebonego Ward, Kanye

Postal Address

Private Bag 16, Kanye, Botswana
T : +267 544-0324, F : +267 544-1109

MOLEPOLOLE BRANCH

Physical Address

Plot 470, Borakanelo Ward, Molepolole

Postal Address

P. O. Box 3271, Molepolole, Botswana
T : +267 5920000, F : +267 5915318

PHIKWE BRANCH

Physical Address

Behind Barclays Bank (next to Coop), Main Mall

Postal Address

Private Bag 190, Selebi Phikwe, Botswana
T : +267 262 2377, F : +267 262 2374

FRANCISTOWN BRANCH

Physical Address

Plot No 323676 (Unit 6,7,8) Donga

Along Marang Road

Postal Address:

P. O. Box 1845, Francistown, Botswana
T : +267 241-2775, F : +267 241-6045

LETLHAKANE BRANCH

Physical Address

Plot 10297, Mokgobelele Ward, Letlhakane

Postal Address

Private Bag 55, Letlhakane, Botswana
Tel: 297 6254

MAUN BRANCH

Physical Address

Tsheko Road (Next to Standard Chartered
Bank and Behind Center Lodge), Old Mall

Postal Address

P/Bag 393, Maun, Botswana,
T : +267 686-4169, F : +267 686-4858

SHAKAWÉ BRANCH

Physical Address

Acacia Mall - Unit 10, Plot 180, Shakawe
Botswana

Postal Address

Private Bag16, Shakawe.
Tel: 6875090. Fax: 6875093

KASANE BRANCH

Physical Address

Plot 5085- Nunga Road (Within the Rural
Administration Centre)

Postal Address

P O Box 63, Kasane
Tel : 625 0183 Fax: 6250185

GHANZI BRANCH

Physical Address

Plot 1299 (Opposite Bus Rank, Next to
Delta Pharmacy)

Postal Address

P. O. Box 792, Ghanzi, Botswana
T : +267 659-7331, F : +267 659-7595

PALAPYE BRANCH

Physical Address

Riverview Mall A1 Road,
Plot 8717 Unit 17, Palapye

Postal Address

Private Bag 24, Palapye, Botswana
T : +267 4920279, F : +267 4920235

HUKUNTSI BRANCH

Physical Address

Macheng Mall, Plot No. 158, Unit 7

Postal Address

P.O Box ,131 Hukuntsi Botswana
T : +267 6510170 F: 267 6510169

TSABONG BRANCH

Physical Address

Plot No. 7069, Tsabong Rural
Administrative Centre (RAC)

Postal Address

Private Bag 23, Tsabong
T: +267 654 0208 F: +267 654 0208

TUTUME BRANCH

Physical Address

Plot No 1551, Magapatona Ward
Sefalana Shoppers Complex

T : +267 2987003

