

LOAN APPLICATION FORM

Section 1: Business Information			
Business Name		Company/Business Registration No. ----- <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Other, please specify below -----	
Business Physical Address		Mailing Address	
Years of Operation		Email Address	
Telephone/Fax Numbers		Number of Employees (including owners)	
Contact Person		Business Premises Are <input type="checkbox"/> Self Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged	
Name	Position	Type of Business: Industry: Brief description of business:	
Mobile Number	Office Number		
Customer Base <input type="checkbox"/> Businesses [%] <input type="checkbox"/> Individuals [%]			
Major Products/ Services		Major Raw Materials (for manufacturers only)	
Name	% of Sales	Name	% of Purchases

Section 2: Details of Loan Requested	
Loan Amount	Tenor (Maximum 36 Months)
Facility Purpose: <input type="checkbox"/> Working Capital <input type="checkbox"/> Finance Operating Assets <input type="checkbox"/> Business Expansion / Renovation	
<input type="checkbox"/> Other: _____	

Section 3: State Financial Commitments With Banks (including hire-purchase, grants and vendor financing)

Financial Institution	Facility Type	Facility Amount	Monthly Installment	Outstanding Amount	Interest Rate (p.a)	Commencement Date

Section 4: Major Buyers & Suppliers

Buyers	Location / Country	Years of Relation	% of Sales	Trade Terms
Suppliers	Location / Country	Years of Relation	% of Purchases	Trade Terms

Section 5: Shareholding Structure & Details of Key Proprietor(s) / Partner(s) / Principal(s)

Name of Shareholder (Individual or Company)	Nationality	Date of Birth/Incorporation	% Shareholding

Details of Key Proprietor(s) / Partner(s) / Principal(s)

Full Name:		ID / Passport Number:	
Nationality: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other, please specify _____ _____		Date of Birth:	Contact Details: Mobile: Email Address: Home:
Residential Address: <input type="checkbox"/> Self-owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented		Years in this business:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Personal Financial Commitments					
Financial Institutions	Facility Type	Monthly Installment	Outstanding Amount	Tenure (months)	Commencement Date

Details of Key Proprietor(s) / Partner(s) / Principal(s)					
Full Name:		ID / Passport Number:			
Nationality: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other, please specify _____ _____		Date of Birth:		Contact Details: Mobile: Email Address: Home:	
Residential Address: <input type="checkbox"/> Self-owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented		Years in this business:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Personal Financial Commitments					
Financial Institutions	Facility Type	Monthly Installment	Outstanding Amount	Tenure (months)	Commencement Date

Details of Key Proprietor(s) / Partner(s) / Principal(s)					
Full Name:		ID / Passport Number:			
Nationality: <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other, please specify _____ _____		Date of Birth:		Contact Details: Mobile: Email Address: Home:	
Residential Address: <input type="checkbox"/> Self-owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented		Years in this business:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Personal Financial Commitments					
Financial Institutions	Facility Type	Monthly Installment	Outstanding Amount	Tenure (months)	Commencement Date

Section 6: Relationship Details

Do you have an existing relationship with CABS Yes No

Relationship Type Current/Savings Account Overdraft Term Loan Textacash Account Mortgage
 Other, please specify

Account Name:.....

Account Number:

Please specify below the account you want the facility to be linked to. Please ensure the linked account is sufficiently funded before the due date of the installment.

Account Name:.....

Account Name:.....

Do you have any accounts with CABS in the individual name of Partner / Proprietor? Yes No

If yes, please indicate Account No(s) :

Account Name Account No.

Account Name Account No.

Account Name Account No.

Section 7: Declaration

I/ We declare that all the particulars and information given in the application form are true, correct and complete and I / We understand and accept that they shall form the basis of any loan facility CABS (The 'Society') may decide to grant me / us. I/ We confirm that there are no insolvency or bankruptcy proceedings against me/us nor have I/ We ever been adjudicated insolvent or bankrupt. I / We further agree that The Society in its sole discretion may decline my application without providing any reason and that I / We reserve no right to appeal against this decision of The Society. This is to confirm that there are no litigation's that I / We / Partners / Promoters are facing which have been initiated by another financier including banks. I / We further confirm that I / We do not have any other credit facilities with any other bank apart from the information provided herein.

I / We understand that interest of this loan will be applied based on the prevailing variable interest rate for the entire period. I / We instruct CABS to pay direct to our suppliers against the invoices furnished or exceptionally credit the loan amount approved to My / Our transactional account number _____ with The Society upon approval of the loan.

In the event that the amount I / We qualify for is less than the amount requested:

I / We authorize the bank to create a loan account in My / Our name and disburse the approved amount without reference to Me / Us.

Name of Authorised Signatory	Signature	Date

NOTE: Please ensure that all supporting documents as listed below are submitted with this application. Submission of all required information does not guarantee approval of the loan applied for.

KURERA | UKONDLA YOUTH FUND SUPPORTING DOCUMENTS CHECKLIST

- 1. Completed application form Yes No
- 2. Completed business plan template Yes No
- 3. Certified copy of valid identity card / passport Yes No
- 4. One passport size photo of each applicant taken within 6 months of the application Yes No
- 5. Certified proof of local current residence for applicant(s) Yes No
- 6. Certified copies of founding documentation i.e.
 - Certificate of incorporation/private business corporation (for existing businesses only) Yes No
 - Memos and articles for limited liability companies (for existing companies only)
 - CR14
 - Partnership deeds (for existing partnerships only)
- 7. Certified copy of bank statements - 3 months (where available) Yes No
- 8. Certified copy of tax clearance/vat certificate (for existing business only) Yes No
- 9. Certified copy of financial statements (for existing business only) Yes No

For Bank's Use				
Sales Person	Branch	C/A for Disbursements (if any)	Referral Source	Remarks

Grant of Credit Facilities

CABS Zimbabwe Limited (hereinafter referred to as 'The Society') may approve or decline an application for credit facility at its absolute discretion.

The Society is not obliged to disclose any reasons for decline or approval of an application.

Interest

Interest on all credit facilities will be calculated on daily overdrawn balances at the rate of 10% per annum, and shall be payable to The Society monthly in arrears.

Interest will be charged on all amounts owed by the Applicant.

Charges, Fees, Penalties

Where payments due from the Applicant are not received by the due date of the payment, The Society reserves the right to charge 'overdue and/or default interest'. The rate of overdue default interest shall be an amount over and above the normal rate applicable.

Banking Instructions by Telex, Facsimile, or E-Mail

Unless the Applicant instructs The Society to the contrary, The Society is authorised, but not obliged, to act on the Applicant's banking instructions transmitted through a telex, e-mail or facsimile service.

The Applicant releases The Society from, indemnifies and holds The Society harmless from and against all actions, suits, proceedings, costs, claims, demands, charges, expenses, losses and liabilities however arising, in consequence of or in any way related to:

- The Society having acted in good faith in accordance with the Applicant's written facsimile, e-mail, or telex instruction(s), notwithstanding that such instruction(s) may have been initiated or transmitted in error or fraudulently altered, misunderstood or distorted in the lines of communication or transmission.
- The Society having refrained from acting in accordance with my/our written, telephone, e-mail facsimile or telex instruction(s) by reason of failure of actual transmission thereof to The Society or receipt by The Society for whatever reason, whether connected with fault, failure or sending or receiving machine not been ready.
- The Applicant's failure to forward all original copies of facsimile, telephone or e-mail instruction(s) to The Society within 24 hours.

Notices

The Applicant agrees to accept service of all notices and communication at the last postal or physical address given by the customer, and the date on The Society's copy of any such communication is taken to be the date of such dispatch in the absence of proof to the contrary.

All notices and processes sent by registered post will be deemed to have been received 4 (four) days after the date of posting and all notices and processes delivered by hand shall be deemed to have been received on the day of delivery.

The Applicant may deliver any notice by registered post at The Society's registered address, at the applicant's branch and the notice is deemed to have been received on the day of delivery at The Society.

Appropriation

All amounts received by The Society will be first apportioned towards overdue interest, charges/fees, and interest. Any balance left thereafter will be appropriated lastly towards principle.

The Society reserves the right to refuse acceptance of post-dated cheques or such other instruments towards payment or settlement of the credit facility.

Disclosure of Information

The Society may use any information related to the Applicant for evaluating the credit application. The Society may also share such information with credit reference or rating agencies. The Applicant authorises The Society to use any information that The Society may obtain about him/her for such purposes, as The Society deems appropriate.

Indemnity

The Applicant/s agrees to fully indemnify The Society against all costs and expenses (including legal fees) arising in any way in connection with the Applicant's accounts, these terms and conditions, in enforcing these terms and conditions or in recovering any amounts due to The Society or incurred by The Society in any legal proceedings of whatever nature.

Waiver

No forbearance, neglect or waiver by The Society in the enforcement of any of these terms and conditions shall prejudice The Society's right thereafter to strictly enforce the same. No waiver by The Society shall be effective unless it is in writing.

ACCEPTANCE		
I / We confirm that I / We have read the terms and conditions (as printed above) governing the grant of credit facilities and agree to be bound by them should my loan application be approved.		
Name of Authorised Signatory	Signature	Date