

## Wealth Creation Fund Application Form

Please fill in capital letter, providing all relevant information. Form should be filled as completely and accurately as possible using current information

Applicants details	
<b>Applicant type</b>	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Enterprise <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship
Name of applicant	
Business current account number	Date account opened (YYYY-MM-DD)
Registered offices address (Not P O Box)	
Address of principal place of business (if different from above)	
Date of Incorporation/Registration	Operating at location since (YYYY-MM-DD)
Business phone number	Mobile number
Business type	
Segment of business activity	<input type="checkbox"/> Trading <input type="checkbox"/> Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other (Please specify) _____
Nature of business _____	
How long have you been in this business (YYYY-MM-DD)	Number of employees/apprentice?
Monthly turnover analysis	
Average monthly turnover	
Personal information	
Surname	First Name      Other Name
<b>Title</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Chief <input type="checkbox"/> Dr
Date of birth (YYYY-MM-DD)	
Personal Identification	
<input type="checkbox"/> Driver's license <input type="checkbox"/> International Passport <input type="checkbox"/> National ID	Identification number <input type="text"/>
Date issued (YYYY-MM-DD)	Expiry date (YYYY-MM-DD)
<b>Telephone number</b>	<b>Mobile number</b>
Qualifications	
<input type="checkbox"/> 'O' Level <input type="checkbox"/> 'A' Level <input type="checkbox"/> Tertiary <input type="checkbox"/> Professional qualification	
<b>Marital status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other (Please specify) _____
Current residential address	
Address (Not P O Box)	
City / town	
Living at address since (YYYY-MM-DD)	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner

<b>Association membership</b>	
Do you belong to an Association/Union? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide the following answer)	
Which Association do you belong to?	
Since when have been a member? (YYYY-MM-DD)	Membership number
<b>Spouse's / Director details (if applicable)</b>	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Chief <input type="checkbox"/> Dr	
Surname	First name Other name
Personal Identification	
<input type="checkbox"/> Driver's license <input type="checkbox"/> International Passport <input type="checkbox"/> National ID	Identification number <input type="text"/>
Date issued (YYYY-MM-DD)	Expiry date (YYYY-MM-DD)
Telephone number	Mobile number
<b>Qualifications</b>	
<input type="checkbox"/> 'O' Level <input type="checkbox"/> 'A' Level <input type="checkbox"/> Tertiary <input type="checkbox"/> Professional qualification	
<b>Marital status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other (Please specify) _____	
<b>Current residential address</b>	
Address (Not P O Box)	
<b>City/ Town</b>	
<b>Reference for the business</b>	
Referee details	
Relationship to applicant <input type="checkbox"/> Director <input type="checkbox"/> Company secretary <input type="checkbox"/> Partner <input type="checkbox"/> Others (Please specify) _____	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Chief <input type="checkbox"/> Dr	
Surname	First name Other name
Date of birth (YYY-MM-DD) _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Personal Identification	
<input type="checkbox"/> Driver's license <input type="checkbox"/> International Passport <input type="checkbox"/> National ID <input type="checkbox"/> Market/ Association ID	Identification number <input type="text"/>
Date issued (YYY-MM-DD)	Expiry date (YYYY-MM-DD)
Telephone number	Mobile number
<b>Current Residential</b>	
Address (Not P.O. Box)	
City/Town	
Living at address since (YYYY-MM-DD)	
<b>Loan application details</b>	
Facility type : <input type="checkbox"/> Secured Term Loan <input type="checkbox"/> Order Finance <input type="checkbox"/> Out growers facility <input type="checkbox"/> Debtor Discounting	
<input type="checkbox"/> Lease Finance	

Name of Corporate company if under out growers scheme .....

**Purpose of facility:**

.....  
.....  
.....  
.....  
.....

**Contact details of the Corporate company**

Contact person ..... Telephone number

**Facility limit** account sought

**Amount in words**

Repayment method  Direct debit First repayment date (YYYY-MM-DD)

**Debit authorization**

I/we, \_\_\_\_\_ hereby authorize Stanbic Bank to debit my/our account number \_\_\_\_\_ with Stanbic Bank \_\_\_\_\_ branch, with the repayment amount reflected in the attached repayment schedule on a bi-monthly basis commencing on (YYYY-MM-DD) \_\_\_\_\_, until the debt is fully repaid.

**Important notice**

Taking a loan from a bank is an important decision. Please ensure that you ask questions before applying. Bear in mind that the repayment of your loan according to the agreed terms is very important as it will form a basis of considering your future applications.

**Loan protection benefit**

Loan protection cover is included as part of the monthly repayments and covers the outstanding balance in the event of death or permanent disability of the borrower.

**Declaration**

I/we, confirm that the details provided above and in any attached documents are a true reflection of my/our personal, business and other details. In addition to accepting this loan offer, I/we agree that the loan will be fully repaid in the line with the loan agreement. I/we further confirm that I/we have read and understood the general terms and conditions, and I/we agree to be bound by them, and that I/we am/are able to afford the repayments arising from the loan obligation.

Customer signature \_\_\_\_\_ date (YYY-MM-DD)

**Verification checklist depending on whether company, partnership or individual (For official use)**

- Proof of Identify (National ID card, International passport, Driver's license or Association ID)
- Business premises verification report (Where applicable)
- Association reference and Association Membership card (where applicable)
- Bank Statements (1-3 months as applicable)

**For Registered Entities**

- Certificate of Incorporation
- Memorandum and Articles of Association
- CR14
- Partnership Deed
- Proof of residence of applicant/shareholder/director/partner
- Business profile/ project proposal
- Financial Statements
- Cashflow projections
- Confirmed orders

Document reviewed by

Business Banker's name

Branch

Signature

Date (YYYY-MM-DD)

**Credit office (For official use)**

**Decision**     Accept     Decline

Interest rate \_\_\_\_\_%    Loan tenor \_\_\_\_\_ months    repayment amount \_\_\_\_\_ (as per schedule)

Remark

Staff name

Staff number

Signature

Date (YYYY-MM-DD)