

**ACCOUNT NO.:**

BARBADOS PUBLIC WORKERS’

CO-OPERATIVE CREDIT UNION LIMITED

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| **MICRO BUSINESS START-UP LOAN APPLICATION** | |
| **TIER I:** | 🟓Loan Amount: $5,000.00 or less 🟓 Interest Rate: 5.5% 🟓 No Deposit  🟓1-Year Financial Projections Required 🟓 Workshop Training Available |
| **TIER II:** | 🟓 Loan Amount: $5,001 - $20,000 🟓 Interest Rate: 5.5% 🟓 10% Deposit  🟓 1-Year Financial Projections Required $5,001 - $10,000  🟓 3-Year Financial Projections Required $10,001 - $20,000  🟓 Unaudited Financial Statements required after 12 months  🟓 Workshop Training Available |
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| **PERSONAL DETAILS** (PLEASE PRINT IN BLOCK LETTERS) |

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| 🞎 MR. 🞎 MRS. 🞎 MISS. 🞎 MS. LAST NAME: | | | |
| FIRST NAME: | | MIDDLE NAME(S): | |
| SUFFIX (Dr., Prof., Rev., etc.): | | | |
| ALIASES: | | | |
| DATE OF BIRTH: | PLACE OF BIRTH: | | |
| MARITAL STAUTS: 🞎 SINGLE 🞎 MARRIED 🞎 SEPARATED 🞎 DIVORCED 🞎 WIDOWED | | | |
| NAME OF SPOUSE: | | | |
| NO. OF DEPENDANTS: | AGES OF DEPENDENTS: | | |
| PERMANENT ADDRESS: | | | |
| PARISH: | POSTAL CODE: | | COUNTRY: |
| PREVIOUS ADDRESS: **(required if current address is less than 1 year)** | | | |
| PARISH: | POSTAL CODE: | | COUNTRY: |
| TELEPHONE NO.(S): Home: Work: Ext.: | | | |
| Mobile: Fax: | | | |
| E-MAIL ADDRESS: | | | |

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| **ALTERNATE CONTACT INFORMATION (i.e. next of kin / emergency contact)** |

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| LAST NAME: | FIRST NAME: |
| TELEPHONE NO(S): Home: Work: Mobile : | |

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| **REFERENCES** |

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| NAME & ADDRESS OF A REFERENCE NOT LIVING WITH YOU: …………………………………….………………………………..……………………………………………..….  …………………………………………………………………………………………………………………………………………………………………………………………………..……………………………….……………. | NAME & ADDRESS OF A REFERENCE NOT LIVING WITH YOU:  ………………………………….………………………………..…………………………………………..….  ……………………………………………………………………………………………………………………………………………………………………………………………..……………………………….……………. |
| RELATIONSHIP: | RELATIONSHIP: |
| TELEPHONE NO.(S): (Home) (Work) (Mobile) | TELEPHONE NO.(S): (Home) (Work) (Mobile) |

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| **STATUS OF BUSINESS: START-UP 🞏 NEW 🞏 EXISTING 🞏** |

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| **LOAN AMOUNT REQUESTED** (Words and Figures): | |
| **PURPOSE OF *THE LOAN:*** *(Equipment, Supplies etc.)*  **PURPOSE AMOUNT**  ………………………………………………………………………………………………………………………………………...............… ………………………………………………………………………………………………  …………………………………………………………………………….……………………………………………………....…….….…….. ……………………………………………………………………………………....……  ……………………………………………………………………………………………………..………………………………………...……. ………………………………………………………………………..……………………  ………………………………………………………………………………..……………………………………………………………….…... ………………………..…………………………………………………………..……… | |
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| **NATIONAL REGISTRATION NO.:** | |
| **SIGNATURE**: …………………………………………………………………..………………….. | **DATE** (mm/dd/yy): ………………………………………………… |
| **The Credit Union may verify any information provided to it by me/us from whatever sources it deems necessary.**  **The Credit Union is hereby authorized to obtain any information it requires relative to my/our credit history or application for credit and any such source is hereby authorized to provide any such requested information.**  **The Credit Union is further authorized to disclose to any Credit Bureau, reporting agency, business, financial institution or person with whom I have entered into or propose to enter into a business or financial relationship with, personal information or such information regarding my/our credit or financial history, or information as is deemed appropriate, lawful and necessary in the sole discretion of the Credit Union or as expressly provided by law. I/we jointly and severally agree to indemnify the Credit Union and save the Credit Union from any and all claims in damages or otherwise arising from any disclosure as herein authorized**. | |

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| **DETAILS OF PERSONAL INCOME AND EXPENDITURE TO SUPPORT LOAN APPLICATION** |

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| --- | --- |
| INCOME: 🞎 MONTHLY 🞎 SEMI-MONTHLY 🞎 WEEKLY | |
| ALLOWANCES: | AMOUNT: $ |
| OTHER INCOME: (Give Details) | AMOUNT: $ |
| TOTAL INCOME: | AMOUNT: $ |
| P.A.Y.E./INCOME TAX & N.I.S.: | AMOUNT: $ |
| LIFE AND/OR MEDICAL INSURANCE: | AMOUNT: $ |
| RENT / MORTGAGE / OTHER LIVING ARRANGEMENT: | AMOUNT: $ |
| FOOD: | AMOUNT: $ |
| UTILITIES (e.g. Telephone, Electricity, Water, Paid Television) | AMOUNT: $ |
| VEHICLE EXPENSE OR BUS FARE: | AMOUNT: $ |
| BANK PAYMENT: | AMOUNT: $ |
| CREDIT CARD(S) PAYMENT – 5% OF LIMIT: | AMOUNT: $ |
| HIRE PURCHASE – REQUIRED PAYMENT: | AMOUNT: $ |
| TOTAL EXPENSES: | AMOUNT: $ |
| SURPLUS: | AMOUNT: $ |

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| **BUSINESS DETAILS** (Certificate of Registration or Incorporation to be provided where applicable) | |
| **Provide an outline of the proposed business plan for your operations according to the following:** | |
| NAME OF BUSINESS: | |
| LOCATION OF BUSINESS: | |
| NATURE/TYPE OF BUSINESS: | |
| NAME(S) OF BUSINESS OWNERS: | |
| DATE ESTABLISHED: | |
| DESCRIPTION OF BUSINESS: | …………………………………………………………………………………………………………………………………………………………………………………………………..………………………….  ………………………………………………………………………………………………………………………………………………………………………………………………………………………..…..  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………….……………………………………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………….…………………………………………………………………………………………………………………………………………………………………………………………………… |
| WHO WILL BE YOUR CUSTOMERS? | ……………………………………………………………………………………………………………………………………………………………………………………………………………………..………  ………………………………………………………………………………………………………………………………………………………………………………………………………………….…………  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………..………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………….…………………………………………………………………………………………………………………………………………………………………………………………………… |
| HOW WILL YOUR CUSTOMERS KNOW ABOUT YOUR BUSINESS? | …………………………………………………………………………………………………………………………………………………………………………………………………………….………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………..…………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………….…………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………….…………………………………………………………………………………………………………………………………………………………………………………………………… |
| **VENDORS/SUPPLIERS**  (*Where would your daily supplies come from?)* | ………………………………………………………………………………………………….…………………………………………………………………………………………………………….……………  ……………………………………………………………………………………………………………………………………………………………………………………………………………………..………  ………………………………………………………………………….……………………………………………………………………………………………………………………………………….…………  ……………………………………………………………………………..……………………………………………………………………………………………………………………………………….………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ………………………….…………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **Tier I - $5,000 OR LESS : 1-Year Financial Projections Required** | **Tier II -$5,001 - $10,000 : 1-Year Financial Projections Required**  **Tier II - $10,001 - $20,000 : 3-Year Financial Projections Required** |

**EXPECTED MONTHLY INCOME & EXPENSES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ANNUAL** | **EXPENSES** | **AMOUNT** | **INCOME** | **AMOUNT** | **NET INCOME** |
|  | RENT | $ | PRODUCT/SERVICE | $ |  |
| STOCK | $ | PRODUCT | $ |  |
| INSURANCE | $ | PRODUCT | $ |  |
| VEHICLE EXPENSES (gas etc.) | $ |  | $ |  |
| TEL./INTERNET/MOBILE | $ |  | $ |  |
| ELECTRICITY | $ |  | $ |  |
| WAGES | $ |  | $ |  |
| N.I.S. | $ |  | $ |  |
| V.A.T. | $ |  | $ |  |
| OTHER | $ |  | $ |  |
| OTHER | $ |  | $ |  |
|  | **TOTAL:** | **$** |  | **$** |  |
| **MONTHLY AVERAGE:** | | **$** |  | **$** |  |

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| --- | --- | --- | --- | --- | --- |
| **ANNUAL** | **EXPENSES** | **AMOUNT** | **INCOME** | **AMOUNT** | **NET INCOME** |
|  | RENT | $ | PRODUCT/SERVICE | $ |  |
| STOCK | $ | PRODUCT | $ |  |
| INSURANCE | $ | PRODUCT | $ |  |
| VEHICLE EXPENSES (gas etc.) | $ |  | $ |  |
| TEL./INTERNET/MOBILE | $ |  | $ |  |
| ELECTRICITY | $ |  | $ |  |
| WAGES | $ |  | $ |  |
| N.I.S. | $ |  | $ |  |
| V.A.T. | $ |  | $ |  |
| OTHER | $ |  | $ |  |
| OTHER | $ |  | $ |  |
|  | **TOTAL:** | **$** |  | **$** |  |
| **MONTHLY AVERAGE:** | | **$** |  | **$** |  |

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| --- | --- | --- | --- | --- | --- |
| **ANNUAL** | **EXPENSES** | **AMOUNT** | **INCOME** | **AMOUNT** | **NET INCOME** |
|  | RENT | $ | PRODUCT/SERVICE | $ |  |
| STOCK | $ | PRODUCT | $ |  |
| INSURANCE | $ | PRODUCT | $ |  |
| VEHICLE EXPENSES (gas etc.) | $ |  | $ |  |
| TEL./INTERNET/MOBILE | $ |  | $ |  |
| ELECTRICITY | $ |  | $ |  |
| WAGES | $ |  | $ |  |
| N.I.S. | $ |  | $ |  |
| V.A.T. | $ |  | $ |  |
| OTHER | $ |  | $ |  |
| OTHER | $ |  | $ |  |
| OTHER | $ |  | $ |  |
|  | **TOTAL:** | **$** |  | **$** |  |
| **MONTHLY AVERAGE:** | | **$** |  | **$** |  |

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| **FOR OFFICIAL USE ONLY** | |
| EXTERNAL CREDIT CODE: | CURRENT MONTHLY SAVINGS: $ |
| WAIVER: $ | TOTAL UNSECURED AMOUNT: $ |

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| **FINANCIAL SERVICES REPRESENTATIVE’S COMMENTS** | | |
| **C** |  | |
| **A** |  | |
| **M** |  | |
| **P** |  | |
| **A** |  | |
| **R** |  | |
| **I** |  | |
| **RECOMMENDED:** 🞎 YES 🞎 NO | | |
| SIGNATURE: ……………………………………………………………….………………………………………………… | | DATE: (mm/dd/yy): …………………………………………………………………………………………. |
| **BRANCH OPERATIONS OFFICER/MEMBER RELATIONS MANAGER - LOANS COMMENTS:** | | |
| COMMENTS: | | |
| SIGNATURE: ……………………………………………………………….………………………………………………… | | DATE: (mm/dd/yy): …………………………………………………………………………………………. |
| **IN-HOUSE LOANS’ COMMITTEE / CREDIT COMMITTEE’S COMMENTS:** | | |
| COMMENTS: | | |

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| **APPROVED/REJECTED/DEFERRED BY IN-HOUSE LOANS COMMITTEE** | | | | | |
|  | **PRINT NAME** |  | **SIGNATURE** | **DATE** |  |
|  |  |  |  | (*M/D/Y*) |  |
| Group Chief Executive Officer | …………………………………………….…………………. |  | …………………………….……………………….…. | …………….………..…… |  |
| Group Financial Controller | …………………………………………….…………………. |  | …………………………….……………………….…. | …………….…………..… |  |
| Member Relations Manager – Loans | …………………………………………….…………………. |  | …………………………….……………………….…. | …………….……..……… |  |
| Branch Operations Officer | …………………………………………….…………………. |  | …………………………….……………………….…. | …………….………..…… |  |
| SFSR – Credit Underwriting | …………………………………………….…………………. |  | …………………………….……………………….…. | …………….……..……… |  |
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| **APPROVED/REJECTED/DEFERRED BY CREDIT COMMITTEE** | | | | |
|  | **PRINT NAME** |  | **SIGNATURE** | **DATE** |
|  |  |  |  | (*M/D/Y*) |
| Chairman | …………………………………………….…………………. |  | …………………………….……………………….…. | …………….…………………….… |
| Secretary | …………………………………………….…………………. |  | …………………………….……………………….…. | …………….……………………… |
| Member | …………………………………………….…………………. |  | …………………………….……………………….…. | …………….……………………… |