



COVID 19 BUSINESS RELIEF

TOBAGO HOUSE OF ASSEMBLY

DIVISION OF COMMUNITY DEVELOPMENT, ENTERPRISE DEVELOPMENT & LABOUR

Business Development Unit

#10 Montessori Drive

Glen Road, Tobago 900212

ENTERPRISE ASSISTANCE FUND

"Opportunity through access"

#

Loan Application Form

Personal Information

Name: _____ Date of Birth: _____

Gender: _____ Nationality: _____

Address: _____ Tel # : _____

Occupation: _____ E-mail: _____

Civic Status: _____

Name of Spouse: _____

Business Information

Business Name: _____

Year Established: _____ Is the business registered: Yes ___ No ___

Business Address: _____ Business #: _____
Business Fax #: _____
E-mail: _____

Length of time at this location: _____ Own _____ Rent _____

Nature of Business: _____ No. of persons employed by business: _____

Legal Status of Business

Partnership ___ Sole Trader ___ Limited Liability ___ Group ___ NGO ___ Cooperative ___ Other

B.I.R.#: _____ V.A.T.#: _____ N.I.B.#: _____



ENTERPRISE ASSISTANCE FUND
Loan Application Form

Credit Information

Creditor 1:

Purpose of the Loan:

Repayment terms:

Original Loan Amount: \$

Loan Balance:\$

Creditor 2:

Purpose of the Loan:

Repayment terms:

Original Loan Amount: \$

Loan Balance:\$

Creditor 3:

Purpose of the Loan:

Repayment terms:

Original Loan Amount: \$

Loan Balance:\$

Have you experienced any difficulties servicing the loan(s) above at any point during the life of the loan(s)? Yes No

If 'Yes' please explain:

CERTIFICATION

The undersigned certifies that to the best of his or her knowledge and belief, all information contained in this loan application and in the accompanying statements and documents, is true, complete, and correct. Further, the undersigned agrees to immediately notify the **Business Development Unit** of any changes to the information contained herein.

Applicant's Signature:

Date:

FOR OFFICIAL USE ONLY

Amount Applied For:\$

Repayment terms:

for <period> months

Expansion of Existing Enterprise

New Business

Interviewing Officer: _____



TOBAGO HOUSE OF ASSEMBLY

**DIVISION OF COMMUNITY DEVELOPEMT
ENTERPRISE DEVELOPMENT & LABOUR**

Business Development Unit

#10 Montessori Drive
Glen Road, Tobago 900212

Financial Information

Security

Fixed Deposit		Cash Value:\$
Mutual Funds		Cash Value:\$
Stocks/ Shares		Cash Value:\$
Land/ Property		Cash Value:\$
Mortgage Bill of Sale		Cash Value:\$
Equipment and Machinery*		Cash Value:\$
Household Items *		Cash Value:\$
Other		Cash Value:\$

**If you are using these items as security for the loan, please include serial numbers for all items*

Guarantor(s)

Guarantor 1

Name:	I.D#:
Address:	
Contact #:	

Guarantor 2

Name:	I.D#:
Address:	
Contact #:	



Financial Information

Cost of Business Venture

Furniture and Fittings	\$
Equipment	\$
Tools	\$
Machinery	\$
Marketing & Promotions	\$
Working Capital	\$
Other	\$
Total	\$

Client's Contribution to Business Venture

Existing Furniture and Fittings	\$
Existing Tools	\$
Existing Machinery	\$
Existing Equipment	\$
Existing Inventory/Stock	\$
Cash	\$
Other	\$
Total	\$

CERTIFICATION

I confirm that all the information provided is in fact true, complete and accurate, to the best of my knowledge. I, the undersigned, do hereby authorize **The Business Development Unit** to make such enquiries as necessary to confirm the information contained herein. I am fully cognizant of the fact that any misinformation on my part will result in the immediate denial of my loan request.

Applicant's Full Name:	<input type="text"/>	Date:	<input type="text"/>
-------------------------------	----------------------	--------------	----------------------

Signature:.....

Interviewing Officer: