



SME BUSINESS LOAN - APPLICATION FORM for COMPANIES

To Be Completed by Bank		
Date Application Received:		Officer Assigned:
Loan No. Assigned:	Loan Type:	Today's Date:
CIC#	Previous or Existing CIDB Loan: \$	Date:

BASIC INFORMATION

Name of Primary client			
Mailing Address			
Home Address			
Date of Birth			
Phone Contacts	(M)	(H)	(W)

NOTE: ADDITIONAL PERSONAL INFORMATION IS TO BE PROVIDED BY CLIENT ON PAGE 4 – “CUSTOMER PROFILE”

<input type="checkbox"/> Company/Corporation	<input type="checkbox"/> Partnership
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Funding is required for	Expected cost of Project: \$
I am willing to contribute: \$	I am asking CIDB to lend me \$

CLIENT TO NOTE BASIC PRE-REQUIREMENTS FOR THE LOAN

Please do not attempt to complete or hand in this Application form unless you:

1. Have completed all sections thoroughly and completely
2. Are willing to submit all the supporting documents as shown on this page
3. Are willing to show evidence of cash, cash equivalents or property to secure this loan (must be worth at least 111% of the amount of the loan)
4. Have the means to pay the Bank's non-refundable commitment fee of 1% of the loan as well as all legal fees
5. Understand that the maximum lending limits for business loans under this programme is CI\$100,000.00.

BASIC DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION

Basic Information	Business Information	Financial Information	Security Information
2 picture IDs (DL & Passport)	Articles of Association and Memorandum	Past operating Financial Statements	Certified Copy of Land Register
Proof of Caymanian birth/status	Partnership Agreement	Projected cash flows for 2 years	Consent Letter from property owner
Job Letter	Trade & Business License	Bank Reference from main bank	Valuation of property
	Certificate of Good Standing	Evidence of your financial contribution	Certified Copy of Land Register
		Invoices for Items to be purchased	

Also, a Business Plan must be drawn up and submitted with this application.

**INCOMPLETE APPLICATION FORMS WITHOUT PROPER SUPPORTING DOCUMENTS
WILL NOT BE PROCESSED
BUT WILL IMMEDIATELY BE RETURNED TO CLIENT**

LOAN REQUEST

Sources of financial contribution:

- Cash held inaccount atBank: \$.....
- Property located at Registration.....Block.....Parcel.....and valued at \$.....
- Inventory/Stock in trade located atand valued at \$.....
- Other (give full details)and valued at \$

BREAKDOWN OF LOAN

Breakdown of the loan requested	Amount
1.	
2.	
3.	
TOTAL	

INFORMATION ON COMPANY/CORPORATION OR PARTNERSHIP

Registered Name of Company: _____
 Date of Registration of the Company: _____ Trade & Business License #: _____ Expiry Date: _____
 Date of the Company's Resolution to borrow from CIDB: _____
 Cheque Signing Authority on behalf of the Company: _____
 Person representing the Company on this application: _____
 Key Contact's Name: _____ Mr. Mrs. Ms. Miss
 Phone Contacts: (B) _____ (M) _____ (H) _____
 Mailing Address of the Company: P.O. Box _____
 Main Shareholders or Partners: their names and percentage ownership in the Business:

Shareholders/Partners	% of Shares
1.	
2.	
3.	
4.	
	100%

INFORMATION ABOUT YOUR EXISTING BUSINESS

Nature of the Business: _____
 How long has the business been in operation? _____
 Where is the business located? _____
 How much can the business afford to pay back to CIDB monthly on this loan? \$ _____
 What security can you offer for the loan? _____
 If property is offered as security, state the Registration Section: _____ Block _____ Parcel _____
 How much have you invested in the business to date? \$ _____
 What evidence can you provide to prove the above investment in the business? _____
 Give three (2) reasons why you believe this business will succeed?

1.
2.

Provide any Corporate or Business information that may be useful for the Bank to know when processing this loan application

HIGHLIGHTS OF YOUR BUSINESS PLAN

1. Borrower	
2. The Business/Project	
3. Management	
4. Marketing	
5. Technical Information	
6. Financial Information	
7. Social & Environmental Impact	

Refer to page 5 of this document for details on the above seven sections

CREDIT INFORMATION AT OTHER INSTITUTIONS

Financial Institution	Type of Account Held	Since	a/c #	Balance \$
	<input type="checkbox"/> Savings <input type="checkbox"/> Chequing <input type="checkbox"/> Loan <input type="checkbox"/> CD <input type="checkbox"/> Credit Card			
	<input type="checkbox"/> Savings <input type="checkbox"/> Chequing <input type="checkbox"/> Loan <input type="checkbox"/> CD <input type="checkbox"/> Credit Card			
	<input type="checkbox"/> Savings <input type="checkbox"/> Chequing <input type="checkbox"/> Loan <input type="checkbox"/> CD <input type="checkbox"/> Credit Card			
	<input type="checkbox"/> Savings <input type="checkbox"/> Chequing <input type="checkbox"/> Loan <input type="checkbox"/> CD <input type="checkbox"/> Credit Card			

I/We authorize you to obtain any information you may require relative to this loan application from any relevant source, and where necessary, I/We authorize my/our Bankers and Employer(s) to provide you with information relevant to this application.

Applicant:..... Date:..... Co-Applicant:Date:.....

Personal Income Statement for Applicant as at

Salary from the Business		\$	
Salary - part-time job		\$	
Other income		\$	
TOTAL INCOME			
EXPENSES (Combined for Applicant & Family)	Living Expenses	Rent	\$
		Food	\$
		Electricity	\$
		Telephone	\$
		Water	\$
		Cable	\$
	Insurance Costs	Car	\$
		House	\$
		Life	\$
	Loan Payments	Car	\$
		Education	\$
		Personal	\$
		Business	\$
	Credit Card Payments		\$
	Transportation		\$
Other Expenses		\$	
TOTAL EXPENSES			
SURPLUS (INCOME - EXPENSES)			

Balance Sheet for the Business as at

ASSETS			LIABILITIES & SHAREHOLDERS EQUITY		
Current	Cash in Bank #1	\$	Current Liabilities	Bank overdraft #1	\$
	Investments	\$		Bank overdraft #2	\$
	Inventory/Stock	\$		Accounts payable	\$
	Accounts Receivable	\$		Short-term loan	\$
	Other	\$		Other	\$
	Total – Current Assets	\$		Total – Current Liabilities	\$
Fixed	Office Equipment	\$		Long-term loan#1	\$
	Leasehold Improvements	\$		Long-term loan #2	\$
	Fixtures & Fittings	\$		Home Mortgage	\$
	Vehicle	\$		Personal loan	\$
	Real Estate	\$	TOTAL LIABILITIES		\$
	Total Fixed Assets	\$	Net Worth		\$
TOTAL ASSETS				LIABILITIES & SHAREHOLDERS' EQUITY	\$

Summary Statement of Income & Expenses for the Business for the past three years

INCOME	Sales -	\$	\$	\$
	Other Income	\$	\$	\$
	Total Income	\$	\$	\$
OPERATING EXPENSES	Rent/Lease payments	\$	\$	\$
	Salaries	\$	\$	\$
	Administrative Expenses	\$	\$	\$
	Utilities	\$	\$	\$
	Repayment of existing debt	\$	\$	\$
	Total Operating Expenses	\$	\$	\$
Surplus/Deficit		\$	\$	\$

Cash Flow Projections for the Business for

	ITEMS	FIRST 12 MONTHS	NEXT 12 MONTHS	FOLLOWING 12 MONTHS
CASH INFLOWS (A)	CIDB Loan			
	Your contribution			
	Expected Sales			
	Other Income			
	TOTAL INFLOWS			
CASH OUTFLOWS (B)	Capital Expenses			
	Salaries			
	Administrative Expenses			
	Utilities			
	Repayment of existing debt			
	TOTAL OUTFLOWS			
NET CASH FLOW (A-B) (Total Inflows minus Total Outflows)				

DECLARATION

I/We hereby confirm that all the foregoing information provided on this loan application is true and correct and have been made by me/us knowing that this information will be used by the Cayman Islands Development Bank (CIDB) in consideration of the loan.

I/We also undertake to notify the CIDB immediately of any situation(s), or event that may change my/our circumstances and which may affect this application or the loan if granted.

I/We understand too that are charges to be applied in connection with this loan. I/We have been notified of these charges and have no objections to them.

Applicant: Date:

Co-Applicant: Date:



Customer Profile

TO BE SUPPORTED BY (A) CERTIFIED COPY OF DRIVER'S LICENSE & (B) CERTIFIED COPY OF PASSPORT PICTURE PAGE

Last Name _____ First Name _____ Middle Initial _____

Gender _____ Marital Status _____ # of Dependents _____

Date of Birth (dd/mm/yy): _____ Place of Birth _____

Cayman Status by: Birth Status Naturalization Details: _____

Drivers License # _____ Passport # _____ Verified Yes No

Mailing Address:

Residential Address:

P.O. Box _____

Employer _____ Position Held _____ How Long _____

Monthly Income \$ _____ Main Commercial Banker: _____

Phone Contacts: Work: _____ Mobile: _____ Home: _____

Email address: _____ Fax number: _____

Emergency Contact or Next of Kin

Name _____ Relationship _____

Mailing Address: _____ Home Address: _____

Phone Contacts: Work: _____ Mobile: _____ Home: _____

Client Specimen Signature (please sign in box)

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(FOR CIDB USE ONLY)

Data	By	Date
Received		
Inputted		
Verified		

