

SMES BUSINESS APPLICATION FORM

Company ☐ PBC ☐ Informal body ☐ Loan Type

BUSINESS INFORMATION

Registered Name: _____ Trading Name: _____

Type of Business: _____ Business Address: _____

Period at Current Business Location: _____ Amount of Initial Capital: _____

Incorporation Date: _____ Certificate of Incorporation Number: _____ BP Number: _____

Contact Phone Number: _____ Email Address: _____ Number of Years in Business: _____

Sources of Capital: Own Savings ☐ Family Gift ☐ Loan ☐ Other(specify)

Who are your main customers? Individuals ☐ Other Businesses ☐ Other(specify)

Estimated Annual Sales: _____ Net Profit: _____ Total Liabilities: _____ Net Cash Flow: _____

Main Product/Services: Main Problems Faced by Business:

OTHER BUSINESS INTERESTS

Name of Business: _____ Address Of Business: _____ Phone Number: _____

Number of Employees: Fulltime and Owner ☐ Part time ☐ Non-paid(family) ☐ Total ☐

Where are your customers from? Neighborhood ☐ This Town ☐ Other(specify)

LOAN INFORMATION

Loan Amount: _____ Repayment Period: _____ Purpose of Loan: _____

Detail Budget Breakdown by Order of Priority

ITEM	COST
1.	
2.	
3.	

REFERENCES

NAME	PHONE NUMBER
1.	
2.	
3.	

SECURITY (ASSETS PLEDGED)

DESCRIPTION	SERIAL/REG NUMBER	ESTIMATED ASSET VALUE
1.		
2.		
3.		

DIRECTORS' PERSONAL DETAILS

Title (Mr./Mrs./Dr/Prof):	<input type="text"/>	First Name:	<input type="text"/>	Surname:	<input type="text"/>
Maiden Name:	<input type="text"/>	Gender:	<input type="text"/>	Date Of Birth:	<input type="text"/>
Marital Status:	<input type="text"/>	Nationality:	<input type="text"/>	ID Number:	<input type="text"/>
Cell Number:	<input type="text"/>	WhatsApp:	<input type="text"/>	Highest Educational Qualification:	<input type="text"/>
Citizenship:	<input type="text"/>	Email Address:	<input type="text"/>		
Residential Address:	<input type="text"/>		Passport Photo:	<input type="text"/>	
Period at Current Address:	Years: <input type="text"/>	Months:	<input type="text"/>		
Period at Previous Address:	Years: <input type="text"/>	Months:	<input type="text"/>		

SPOUSE AND NEXT OF KIN DETAILS

SPOUSE DETAILS

Full Name:

Phone Number:

Email Address:

Address:

NEXT OF KIN 2

Full Name:

Relationship:

Phone Number:

Email Address:

Address:

NEXT OF KIN 1

Full Name:

Relationship:

Phone Number:

Email Address:

Address:

EMPLOYMENT DETAILS

Business/Employer's Name: _____ Job Title: _____

Business/Employer's Address: _____ Date of Employment: _____

Name of Immediate Manager: _____ Phone Number of Immediate Manager: _____

PROPERTY OWNERSHIP

Rented: ☐ Employer Owned: ☐ Mortgaged: ☐ Owned Without Mortgage: ☐ Parents owned: ☐

BANKING/MOBILE ACCOUNT DETAILS

BANK	BRANCH	ACCOUNT NUMBER

LOANS WITH OTHER INSTITUTIONS (ALSO INCLUDE QUPA LOAN)

INSTITUTION	MONTHLY INSTALLMENT	CURRENT LOAN BALANCE	MATURITY DATE

DECLARATION

We declare that the information given above is accurate and correct. We are aware that falsifying information automatically leads to decline of our loan application. We authorise Qupa Microfinance to obtain and use the information obtained for the purposes of this application with any recognised credit bureau. We authorise Qupa microfinance to references from friends, relatives, neighbors and business partners including visits to our homes and verification of my assets. We have read and fully understood the above together with all the conditions, and We agree to be bound by Qupa Micro-Finance terms and conditions.

DIRECTORS SIGNATURE

Director:	Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
Director:	Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
Director:	Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
Director:	Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
Director:	Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>

FOR OFFICIAL USE ONLY

Received & Checked by:	Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
Approved by:	Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>

KYC CHECKLIST

Copy of ID, License, Valid Passport	<input type="checkbox"/>
Articles of association/PBC	<input type="checkbox"/>
Stamped 3 months' Bank Statement	<input type="checkbox"/>
Group Constitution	<input type="checkbox"/>
Proof of Residence/Confirmation Letter	<input type="checkbox"/>
Financial Statement	<input type="checkbox"/>
Certificate of Incorporation	<input type="checkbox"/>
Ecocash Statements where applicable	<input type="checkbox"/>
Resolution to borrow	<input type="checkbox"/>
Company documents:	
CR11	<input type="checkbox"/>
CR6	<input type="checkbox"/>
CR5	<input type="checkbox"/>
MOA	<input type="checkbox"/>

Qupa Date Stamp: