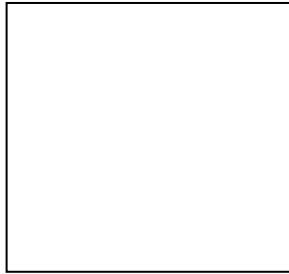




LOAN APPLICATION FORM

ISSUING OFFICE STAMP



Application Fee Paid

Receipt Number

The applicant must fully complete the application form. The Corporation will only process application forms which are fully completed.

A non-refundable application fee should be paid on submission of the application form.

*Section A must be completed by the person representing the business.
Section B should be completed by each Individual, Company Director, Partner or Member of a Co-operative Committee or Association.*

SECTION A: BUSINESS INFORMATION

1. BUSINESS IDENTIFICATION

- a) Name of Applicant: -----
- b) Name of Business: -----
- c) Status of business: New or Operating (tick applicable)
- d) Form of Business Ownership: Sole Proprietorship Company, Co-operative
Partnership, Other (specify).....

2. TRADE REFERENCES

Name	Account No.	Address/Phone No.
-----	-----	-----
-----	-----	-----
-----	-----	-----

3. PROVIDE BANKING INFORMATION AS SHOWN:

Name of Bank	Branch	Savings/Current	Account Number
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

4. GIVE DETAILS OF ANY LOANS OR DEBTS YOU OWE

To whom Owed	Amount owed	Purpose of Borrowing	Monthly Repayments
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----



5. **INFORMATION ON OTHER BUSINESSES**

Name of Business	Nature of Operations	Location
-----	-----	-----
-----	-----	-----
-----	-----	-----

6. **AMOUNT OF LOAN REQUIRED**

ZiG/US\$-----

In words-----

7. I certify that to the best of my knowledge the foregoing is correct and that falsification will prejudice this application.

Name: -----

Position in Business: -----

Signature: -----

Date: -----

FOR OFFICIAL USE:

Branch -----

Name of Business Analyst -----

Signature -----

Date -----

SECTION B: PERSONAL INFORMATION OF INDIVIDUAL, COMPANY DIRECTORS, PARTNERS AND CO-OPERATIVE MEMBERS

1. (a) Full Name: -----
(Surname) (First and Middle Name/s)

(b) Previous Names (if any):-----

2. Date of Birth: ----- (b) Gender: -----

3. (a) Nationality: ----- (b) I.D. No: -----

(c) Religion:----- (d) Disability (if any)-----

4. (i) ADDRESS

(a) Residential: -----

----- Length of stay at residence: -----

If less than 5 years at present address, give previous address:

(b) Are current premises: Owned by yourself Mortgaged Rented

(c) Postal address (if applicable): -----

(d) Telephone/Cellphone (Home):----- (Business):-----

(e) Email address-----

(ii) Next of Kin Name: -----

Address: -----

Telephone Number----- Email address-----

5. **QUALIFICATIONS**

(a) Educational: -----
(Highest Level Passed)

(b) Professional: (i) -----

(ii) -----

(iii) -----

6. **EMPLOYMENT HISTORY**

Name & Address of Employer	From	To	Position
-----	-----	-----	-----
-----	-----	-----	-----

7. (i) Have you ever been convicted of a criminal offence? YES/NO

If Yes, give details: -----

(ii) Have you ever had any civil judgement against you and/or declared insolvent? YES/NO

If Yes, give details: -----

8. PROVIDE BANKING INFORMATION AS SHOWN:

Name of Bank	Branch	Savings/Current	Account Number
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

9. GIVE DETAILS OF ANY LOANS OR DEBTS YOU OWE

To whom Owed	Amount owed	Purpose of Borrowing	Monthly Repayments
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

10. DECLARATION

I/ We hereby certify that all information furnished by me/us is true, correct and complete. I /We have no borrowing arrangements for the project except as indicated in the application form. There is/are no overdue / statutory dues owed by me/us. I/We shall furnish all other information that may be required by SMEDCO in connection with my/our application. The information may also be exchanged by you with any agency you may deem fit. You, your representatives or Reserve Bank of Zimbabwe, or any other agency as authorised by you, may at any time, inspect/ verify my/our assets, books of accounts etc. in our factory/business premises as given above. You may take appropriate safeguards/action for recovery of the Corporation's dues.

I/We hereby agree and authorize SMEDCO to:

- a) Make enquiries from any Credit Agency/Bureau for credit history checks and / to confirm any information provided by the applicant,*
- b) Seek information from the Credit Agency/Bureau when assessing the customer at any time during the existence of the contract*
- c) Disclose to Credit Agency/Bureau, information relating to my/our account maintained at SMEDCO including when there is a default.*

SIGNATURE: -----DATE: -----

NB: This form will not be accepted unless brought together with requested supporting documentation; (the application form and statement of assets and liabilities form etc.