



Loan Application Form (Business)

P.O.Box 306
Building #6
Harbour Industrial
Estate,
Barbados W.I.
(246) 228 2772
bybt@youthbusiness.bb
www.youthbusiness.bb

Personal Information

(Please attach photo of applicant)

Surname:	First Name:	Middle Name:	Alias: (Nick Name)	Male [] Female []
Maiden Name:	Mother's Name:			Marital Status: M [] S [] D [] W []
		No. of Children/Dependents?		
Date of Birth:		Country of Birth:		
Are you eligible to work in Barbados?		Nat'l. Ins. No.: Barbados Nat'l. I.D. No.		
Permanent Address:		Res. Tel.:	Other Tel.:	
		Cell #:		
		Email:		
		Website:		
Other Contact Address:				
Have you attempted to obtain financing elsewhere?		If yes, provide details:		

ARE THERE ANY JUDGEMENTS PENDING AGAINST YOU? YES [] NO [] If yes, provide details on separate page.

Secondary Education

School(s) attended	Years attended From To	Academic achievement - attach copies of School Certificates. State other interests - sports, drama, community involvement etc.
--------------------	---------------------------	---

Post Secondary Education/Training

College/Institution	Years attended From To	Specialization - attach copies of Certificates/Diplomas
Are you attending a School, College, University or undertaking training of any kind at present? Yes [] No [] If yes, please give details		
Have you studied at the Youth Entrepreneurship Scheme? Yes [] No []		
Barbados Vocational Training Board? Yes [] No []		
Barbados Youth Service? Yes [] No []		
Do you intend to undertake any full-time educational or training studies within the next three years? Yes [] No [] If yes, please provide details.		
Are you computer literate? Yes [] No [] List software programmes in which you have competency.		

Barbados Youth Business Trust

Employment History over the last 6 years (If necessary please attach resume)

Name of Organization: Address: Position: Responsibilities:	Telephone: Fax: Name of Supervisor: Term of Employment. From: Month Year To: Month Year
Name of Organization: Address: Position: Responsibilities:	Telephone: Fax: Name of Supervisor: Term of Employment. From: Month Year To: Month Year
Are you presently unemployed? Are you receiving Social Assistance?	
If yes, how long have you been unemployed?	

Mentor Information

Surname: Address: Employed or self employed? Business Address: How long have you known your mentor? Please attach a resume of your Mentor	First name and initials: Position: Business Telephone: Home Telephone: Relationship to your Mentor:
--	---

Business Information:

Name of Business: Address of Business: Type of Ownership: (Attach details) Name of Owners/Partners: Where did you receive your initial financing? Business Bank Account No.: Name & Address of Bank: Financial information/statements for the last two years of operation must be submitted.	Business Telephone: Sole Proprietorship: [] Partnership: [] Corporation: [] Franchise: [] Involvement: Full Time [] Part Time [] Year Business Started: Duties: Loan amount requested:
--	--

Personal Financial Information

Name and Branch address of your bank: Details of Liabilities:					
Individual/Institution holding debt	Amount of Original Loan	Current Loan Balance	Monthly Payments	Loan Due Date	Purpose of Loan
Total Loans Owning:					

Personal Financial Statement as at: 2007

	Assets		Liabilities
Cash & Bank Bals.: CSV Life Ins.		Total loans (from above)	
Real Estate:		Credit cards	
Vehicles:		Other debts	
Furnishing/Fixtures:			
Other			
TOTAL ASSETS		TOTAL LIABILITIES	
Net Worth = Total Assets - Total Liabilities	\$		

References: Name 1 Relative who does not live in the same household and 1 neighbour who has known you for at least 2 years.

Surname: Relationship: Address: Res. Telephone:	First Names: Occupation: Bus. Telephone:
Surname: Relationship: Address: Res. Telephone:	First Names: Occupation: Bus. Telephone:

I certify that all of the information provided is complete and accurate to the best of my knowledge.
I have disclosed all of the pertinent financial information and I authorize BYBT to conduct the necessary credit investigation and contact the respective financial institutions.

.....
Signature of Applicant

.....
Date

N.B. All required documentation must be attached to this application.

LOAN REQUIREMENTS

1. Completed loan application form, all fields properly filled in, with N/A where necessary.
2. If two persons or more are to be involved in the ownership of the business, then all persons must complete separate application forms.
3. Attach 1 passport size photo to Loan Application form.
4. Two written references:
 - a. *Minister of Religion*
 - b. *Certified Headmaster/Teacher*
5. Quotations of anything to be purchased with the loan for your business.
6. Cover letter outlining :
 - a. *Introduction of self and business*
 - b. *Services offered by your business*
 - c. *Reason(s) for approaching the Trust*
 - d. *The amount to be borrowed*
 - e. *What it will be used for*
7. All business loans requests require a Business Plan.
8. All business plans should include projected cash flows, income statements and balance sheets:
 - a. *For start-up businesses up to 1 year old – 12 months projected cash flow, income statement and balance sheet.*
 - b. *For businesses over 1 year old – 3 years projected cash flow, income statement and balance sheet.*
 - c. *For businesses in operation over 3 years BEFORE approaching BYBT for assistance – 2 years ACTUAL cash flow, income statement and balance sheet; additionally – 3 years PROJECTED cash flow, income statement and balance sheet.*
9. Please ensure that all lease agreements for rental of office spaces, shops or stall etc. are included when handling in your completed documents to the Trust.

- 10.If possible, ensure that your original documents (e.g. receipts, invoices) are **copied before** they are brought in to the Trust.
- 11.Please attach **a copy** of your business Registration certificate/Incorporation certificate if the business has been registered / incorporated already.
- 12.If possible please present **SAMPLES/PORTFOLIO** of work.

...../4

BARBADOS YOUTH BUSINESS TRUST
CASHFLOW FORECAST

CASHFLOW FORECAST For 12 month period ending: _____ 200 _____

BUSINESS NAME:

P.O. Box 306
Bridgetown
Barbados W.I.

MONTH	Period 0	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
CASH INFLOW														
Trading Receipts														
Other Receipts														
VAT Receipts														
Total Cash Inflow														
CASH OUTFLOW														
Materials														
Wages/Salaries														
NIS														
Interest/Bank Charges														
Rent - Equip/Mach.														
Rent - Premises														
Advertising														
Electricity														
Gas														
Telephone														
Office Supplies														
Insurance														
Vehicle Expenses														
Professional Fees														
Loan Payment														
Capital Expenditure														
VAT Payments														
VAT Returns														
Total Cash Outflow														
NET CASH FLOW														
Opening Balance														
Closing Balance														