



Loan Application Form (Development)

**P.O.Box 306
Bridgetown
St. Michael
Barbados W.I.**

Personal Information

(Please attach photo of applicant)

Date:

Surname:	First Name:	Middle Name:	Alias: (Nick Name)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Maiden Name:	Mother's Name:			Marital Status: M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>
		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
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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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details		
Have you studied at the Youth Entrepreneurship Scheme? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Barbados Vocational Training Board? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Barbados Youth Service? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you intend to undertake any full-time educational or training studies within the next three years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details.		
Are you computer literate? Yes <input type="checkbox"/> No <input type="checkbox"/> 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:
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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: <i>Financial information/statements for the last two years of operation must be submitted.</i>	Business Telephone: Sole Proprietorship: [] Partnership: [] Corporation: [] Franchise: [] Involvement: Full Time [] Part Time [] Year Business Started: Duties: Loan amount requested:
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DEVELOPMENT LOAN REQUIREMENTS

1. Attach one (1) passport sized photograph to Development Loan Application form.
2. Two written references:
 1. *Minister of Religion*
 2. *Certified Headmaster / Teacher*
3. Quotations of anything to be purchased with the loan for your business. ***(Copies only)***.
4. Business Plan for anything over \$5,000.00 is required along with a cover letter.
5. Amounts of \$5,000.00 and under ***DO NOT*** require a Business Plan. A descriptive letter would be adequate outlining the following:
 - a. *Services offered by your business*
 - b. *Reason(s) for approaching the Trust for a loan*
 - c. *The amount to be borrowed*
 - d. *What it will be used for*
6. Please ensure that all lease agreements for rental of office spaces, shop or stall etc. are included when handing in your completed documents to the Trust.
7. Please attaché a copy of your business Registration Certificate / Incorporation Certificate if the business has been registered / incorporated already.
8. Please attach the up-to-date Financials of the business.

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														