

MIPED

Mayaro Initiative for Private Enterprise Development

(c/o bpTT mayaro Resource Centre,
Beaumont Road, Mayaro
Telephone No. 630-7446/360-0908

,1 Personal data

Owner/Director
Surname First Other

ID# / DP# / PP# Date of Birth

Current Address

Previous Address

Name and Address of Current Employer

Name and Address of Previous Employer

References:

Name Name

Address Address

Tel # Tel #

Owner/Director
Surname First Other

ID# / DP# / PP# Date of Birth

Current Address

Previous Address

Name and Address of Current Employer

Name and Address of Previous Employer

References:

Name Name

Address Address

Tel # Tel #

II THE BUSINESS

Business Name

Address

.....

.....

Limited Liability Co. / Partnership / Sole Trader / Co-Operative / Other (specify)

Tel #

Fax #

VAT #

BIR #

NIS #

Start up Date/...../.....
dd mm yy

Date Commenced Trading/...../.....
dd mm yy

Business Activity:

- | | | |
|---|--|--|
| <input type="checkbox"/> Assembly Type & Related Industries | <input type="checkbox"/> Business Services | <input type="checkbox"/> Personal Services |
| <input type="checkbox"/> Education & Cultural Services | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Distribution |
| <input type="checkbox"/> Transport/Communication/Storage | <input type="checkbox"/> Sugar Industry | <input type="checkbox"/> Petroleum Industry |
| <input type="checkbox"/> Printing/Publishing Paper | <input type="checkbox"/> Construction | <input type="checkbox"/> Chemicals & Mineral |
| <input type="checkbox"/> Textiles & Garments | <input type="checkbox"/> Wood & Related Products | <input type="checkbox"/> Fishing |

Other (explain)

No. Of Owners

Total no. Of employees

Proposed new employees

.....
Client's Name (Print) Signature Date

.....
Client's Name (Print) Signature Date

1V Major competitors:

	NAME	LOCATION	STRENGTHS/WEAKNESSES
A			
B			
C			

Sources of Supply

	SUPPLIER NAME & ADDRESS	ITEMS PURCHASED	ADVANTAGES IN PURCHASING
A			
B			
C			

V PROJECT AND RECORDS SYSTEMS

Records System

A] Indicate record books to be kept. (please tick)

Purchase <input type="checkbox"/>	Sales <input type="checkbox"/>	Cash <input type="checkbox"/>
Expenses <input type="checkbox"/>	Receipts <input type="checkbox"/>	Stock control <input type="checkbox"/>

B] How are they to be kept up to date.

Owner <input type="checkbox"/>	Accountant <input type="checkbox"/>	Computer <input type="checkbox"/>
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Project Cost and Financing

Project Cost:

PROJECT ITEM	TOTAL COST (\$)	OWN FUNDS (\$)	LOAN (\$)
Land	_____	_____	_____
Buildings	_____	_____	_____
Equipment & machinery	_____	_____	_____
Vehicle(s)	_____	_____	_____
Working Capital	_____	_____	_____
Other (specify)	_____	_____	_____
TOTAL	_____	_____	_____

N.B. INVOICES AND A DETAILED BREAKDOWN OF REQUIREMENTS TO BE SUBMITTED

Collateral/Security (specify)

Personal	_____	_____
Private Guarantor	_____	_____
Assets	_____	_____
Other	_____	_____
TOTAL		_____

V1 PERSONAL STATEMENT OF AFFAIRS

ASSETS

\$

- Cash at Bank _____
- Deposit Accounts at other financial institutions _____
- Credit Union, Unit Trust, Other Shares _____
- Cash Value of Life Insurance _____
- Inventory of Materials _____
- Equipment/Machinery _____
- Vehicles _____
- Land/Buildings _____
- Other (specify) _____

TOTAL ASSETS (A) _____

LIABILITIES

- Bank/Credit Union Loans _____
- Other Loans/Debts _____
- Mortgages _____
- Other (specify) _____

TOTAL LIABILITIES (B) _____

NET WORTH (A-B) _____

Do you have any liabilities outstanding? Yes No
 Give Details

Are there any judgments or legal proceedings pending against you? Yes No

What is your monthly income? \$ _____

I declare this statement to be true and the complete status of my financial position.

Date _____ Signature _____