

Business Loan Application Form €2,000 to €50,000

Declaration of Eligibility Criteria

Please confirm that you are eligible to apply:

- The business is a micro-enterprise with:
 - fewer than 10 full-time employees and
 - less than €2m annual turnover and
 - Balance Sheet with Net Worth/Capital Account/Equity that does not exceed €2m
- The business is unable to secure finance from Banks and/or other commercial lending providers. (Note: Formal Bank Decline Letter is not required)

Signature:		Date:
I declare that	t I am eligible to apply for an MFI Business Loan based on all of the eligib	ility criteria as outlined above.

Application Checklist

Essential Information to accompany all applications;

Tick ✓

Your Application Form fully completed

Cash Flow on a month-by-month basis for the next 12 months

Last 6 months business bank statements and personal bank statements for the applicant(s).

Most recent Year End Financial Accounts

*Limited Company Applications or Registered Partnerships Only

6 Months Personal Bank Statements for each Director and for any Shareholder with 25% or more shareholding in the company, and for each Partner in a Partnership.

Central Credit Register (CCR) Report for each Director and for any Shareholder with 25% or more shareholding in the company, and for each Partner in a Partnership. (This report may be ordered online at www.centralcreditregister.ie)

If you have any queries on the above, or require assistance, please contact us at:

Microfinance Ireland, 13 Richview Office Park, Clonskeagh Road, Dublin D14 Y867
Tel: 01 260 1007 Email: info@microfinanceireland.ie
www.microfinanceireland.ie



Microfinance Ireland (MFI) has been supported with funding from the Strategic Banking Corporation of Ireland (SBCI).

Part 1: Business Details Please tell us about your business.					
Applicant Business Name		Primary Business			
Trading Name		Activity Business/Company			
(if different from above)		Registration No. In Business for	Y Years ^M Mon	the	
Business Address		No. of full time Employees			
Eircode		If your business has bee please tick box to confir	n trading longer than 1 year, m that in the past 3 years, t is been fewer than 10 full-ti	he total	
Contact Person		Business Type Sc	le Trader Partnership	Ltd. Co.	
Telephone/Mobile		Email			
Business Ownership Details	List the names of all individu or voting rights in the Compa management of the Compar	any/Partnership or oth	or control 25% or more erwise exercises control	of the shares over the	
1. Owner Name		Director Yes No			
Address		Eircode	Date of Birth D D / N	1 M / Y Y	
Occupation		I	Percentage Shareholding	%	
2. Owner Name		Director Yes No			
Address		Eircode	Date of Birth D D / N	1 M / Y Y	
Occupation		I	Percentage Shareholding	%	
Part 2: Application Deta	ils				
Working Capital Loan up to 3	years maximum and/or 0	Capital Expenditure	e Loan up to 5 years	maximum	
Amount Required €					
Purpose of Facility					
Describe briefly the purpose of your loan	and what financial input is being	provided by you directly	or otherwise and the source	of those funds	
Planned Expenditure:		Source of Funds		mount	
Tarrica Experiarcare.		Own Funds		Thouse the second	
		Family Funds			
		Other Investors			

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Microfinance Ireland Loan

Grant Support

Other (Specify)
Total Funding

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Total Expenditure

Business Borrowing Details

Account Type (Current, Deposit, Mortgage, Loan, Credit Card, Leasing/Hire Purchase, Investments, Shares, Etc.)	Financial Institution	Amount Held/ Outstanding	Monthly Repayment	Final Repayment Date	Purpose of Loan

Note: Please provide details of arrears of repayments and arrangements in place on any of the above:

Revenue		
Tax Status (Tax up to date?)	Yes	No
Is a Revenue Agreement in place?	Yes	No
Monthly Amount of Revenue Agreement		

Please note that if your loan is approved it will be a Condition of Sanction that an up-to-date Tax Clearance Certificate is provided, for all relevant parties to the loan, prior to draw down.

Have your business ever been declared bankrupt, declared insolvent or had a Judgment registered against you or ever the subject of a Disqualification Notice?

Yes No If yes, please provide details in your business plan.

Part 3: Your Business Plan

Brief description of your business:

What is your business engaged in? How long has the business been trading? Details of your experience in this business/sector. Details of your Products/Services Details of your customers/key suppliers etc.

Your team:

Please provide details of any key employee/business critical employee within the business (if applicable).

Part 3: Your Business Plan continued

Describe the market research you have done to determine that there is a market for your product/service. Who are your competitors? How do/will you differentiate your business from your competitors?
How do/will you differentiate your business from your competitors?
Brief description of funding purpose: How will funding be used within the business (please specify)
How will funding be used within the business (please specify)
Additional Information (if applicable): Business Owner's background - Education/Skills/Training, Previous work experience etc.
Business Owner's background - Education/Skills/Training, Previous work experience etc.

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Your personal details are also important to us and while it is critical to understand your business, it is **Part 4: Personal Details** also important to understand its owners. These details will help us meet your current needs. **Primary Business Owner** No of Dependants Age Range From То Name **Residential Status** Owner Tenant Address Living with Parents Other Eircode Number of Years at Address Estimated Value of Home € **Previous Address** (if owned) (if less than 3 years at current address) Are you currently employed? Yes No Eircode If yes, Annual Salary € **Contact Details** If no, for how long? Email Please note that if your loan is approved it will be a Condition Landline of Sanction that an up-to-date Tax Clearance Certificate is provided, for all relevant parties to the loan, prior to draw down. Mobile Have you ever been declared bankrupt, declared insolvent or D D / M M / Y Y Date of Birth had a Judgment registered against you or ever the subject of a **Disqualification Notice?** If yes, please provide details with your business plan. **PPSN** Do you have an agreement in place with the Yes No **Revenue Commissioners? Personal Financial Details** Name (Primary Business Owner)

Asset Type	Asset Value	Liability Type	Amount Outstanding	Repayment Arrangements Amount + Payment Frequency
Cash		Bank Overdraft		
Property		Mortgage		
Other		Personal Loans		
Cars/Vehicles		Hire Purchase/Leasing		
Deposits/Investments		Credit Card		
Shares		Other		
Other				
Totals		Totals		

Personal Income Statement

Income Type	Amount	Income Source	Frequency
Salary			
Pension			
State Assistance			
Other			
Total			

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Personal Details Secondary Business Owner No of Dependants Age Range From То Name **Residential Status** Owner Tenant Address Living with Parents Other Number of Years at Address Eircode € Estimated Value of Home Previous Address (if owned) (if less than 3 years at current address) Are you currently employed? Yes No Eircode If yes, Annual Salary € **Contact Details** If no, for how long? Email Please note that if your loan is approved it will be a Condition Landline of Sanction that an up-to-date Tax Clearance Certificate is provided, for all relevant parties to the loan, prior to draw down. Mobile Have you ever been declared bankrupt, declared insolvent or DD/MM/YY had a Judgment registered against you or ever the subject of a Date of Birth **Disqualification Notice?** No If yes, please provide details with your business plan. **PPSN** Do you have an agreement in place with the Yes No **Revenue Commissioners? Personal Financial Details** Name (Secondary Business Owner) Repayment Arrangements **Asset Type Asset Value** Liability Type **Amount** Amount + Payment Frequency Bank Overdraft Cash **Property** Mortgage Personal Loans Other Cars/Vehicles Deposits/Investments Hire Purchase/Leasing Shares Credit Card Other Other

Personal Income Statement

Total

Income Type	Amount	Income Source	Frequency
Salary			
Pension			
State Assistance			
Other			
Total			

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Total

1. Data Protection

The information, including personal data, provided on this application may be used Microfinance Ireland DAC ("MFI") for the purposes of protecting the legitimate business interests of MFI including verifying the identity of the applicant (for which purpose the applicant may be contacted directly, including by telephone), and for such other purposes as are specified hereunder and/or in MFI's Privacy Policy, available at https://microfinanceireland.ie/privacy-policy/

The information, including personal data, provided on this application may be disclosed by us to the Strategic Banking Corporation of Ireland ("SBCI") for the purposes of:

- (i) determining eligibility for the particular SBCI Funded Loan.
- (ii) anti-money laundering / financing of terrorism or fraud.
- (iii) MFI and SBCI's reporting functions in accordance with the SBCI Funded Loan; and
- (iv) conducting relevant surveys by or on behalf of the SBCI. Such processing is undertaken pursuant to the SBCI's statutory purposes and in relation to personal data that it obtains, the SBCI acts as data controller for the purposes of Data Protection Legislation.

The SBCI may also disclose the information to its respective advisors, contracted parties, delegates and agents, and the SBCI's own funders (details of which are available at: https://sbci.gov.ie/). For further information on how the SBCI handles personal data, including information about the applicant's data protection rights (in respect of the SBCI) and the contact details of the SBCI's data protection officer, please refer to the SBCI's data protection statement which is available at https://sbci.gov.ie/.

2. State Aid

2.1 (De Minimis Aid)

Have you received any state aid over the previous 3 years and if so please provide details below?

Provider	Date	Amount (€)

2.2 AILS Aid

Have you received any state aid in relation to this project and if so please provide details below?

Grant Provider	Form of	Date of Grant (DD/MM/YY)	Amount of Aid in EUR (€)

If AILS State Aid has been received, please tick this box to confirm that the total loan amount does not exceed 1.5 times the amount of 'eligible costs' of the project.

3. Credit Checking

MFI will conduct a credit search against the Data held on the Central Credit Register ("CCR") in order to evaluate whether or not you are a suitable candidate for loan finance. For the avoidance of doubt, you agree that MFI or its agents may carry out a credit check with the CCR (or similar credit references databases), where deemed appropriate and using your Data for the purpose of credit assessment.

Under the Credit Reporting Act 2013 lenders are required to provide personal and credit information for Credit Agreements of €500 and above to the Central Credit Register (CCR). This information will be held on the Central Credit Register and may be used by other lenders when making decisions on your credit applications and credit agreements. The Central Credit Register (CCR) is owned and operated by the Central bank of Ireland and for more information please go to https://www.centralcreditregister.ie/

NOTE: We need your consent to collect and retain your personal data for the purpose of the loan application with Microfinance Ireland. Please tick this box to provide your consent, otherwise we cannot process your application.

If you decide to proceed with a loan facility or any other communication with MFI through or in relation to its services, you accept the use by MFI of the data. Where we engage third parties to process the data on our behalf, we will ensure that they do so under contract and within the terms of GDPR.

	NOTE: All applicants/partners or, if a privat at least one authorised signatory must sign t	
Signature(s) of Applica	ant(s)	
1.		Date: D D / M M / Y Y Y Y
2.		Date: DD/MM/YYYY

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